



**East Ayrshire**  
COUNCIL

**For official use only**

Organisation  
Carers Support Group

Reference Number  
CG4797

# grant assessment form

**1 Aims and objectives of the organisation**

To provide emotional and practical support to anyone caring for loved one with Dementia.

**2 Purpose of the grant (including breakdown of costs)**

10 months travel to meeting @ £70 per meeting	=	£700
7 Hall lets @ £20	=	£140
Summer Outing with Lunch	=	£300
Christmas Lunch	=	£400
Total		£1,540

**3a How many people are on the organisation's Management Committee?** 7

**3b What is the organisation's total membership?** 20

**3c How many members usually attend the organisation's meetings or events?** 12 - 17

**3d How many members of the organisation would benefit from the grant?** 20

**3e How many members of the community would benefit from the grant?** 20

**4 How will the grant :-  
(a) develop the organisation; or**

Members will have access to attend meetings and opportunities to meet and engage with others in similar circumstances.

**(b) benefit the local community.**

All questions on this form must be completed

5	<b>Total cost of project</b>		<b>£ 1540</b>
	<b>Amount of grant requested</b>		<b>£ 1340</b>
	<b>Bank Balance(s)</b>	<b>Date 12/12/10</b>	<b>£ 664.70</b>
Where the group has more than one bank account all balances should be recorded			
<b>Cash in hand</b>		<b>Date</b>	<b>£</b>
<b>Value of any other financial assets</b>		<b>Date</b>	<b>£</b>
<b>Name of other funding sources</b>			

<b>Amount and date of grant</b>	
<b>£</b>	<b>Date</b>
	N/A

6 **If latest balance (including other financial assets) exceeds the cost of the project or is substantial, are these funds ring-fenced for the normal activities of the group or can they contribute to the cost of the project?**

The funds in the bank balance are ring-fenced to contribute to transport costs, hall lets and summer outing, this money will enable the group to continue until new grant is awarded

7 **Recommendation**

<b>Support</b>	Yes
<b>Refuse</b>	
<b>Defer</b>	
<b>Amount Recommended</b>	<b>£600.00</b> <b>FINAL RECOMMENDATION - £475.00</b>

**Reason for recommendation**

The project works towards a good cause and meeting needs of members. They are already contributing £200 and could fundraise for the extra £340

Management Risk Ranking <b>L ✓ / M / H</b> Risk Ranking based on Grant Application and Financial Information used to determine appropriate levels of monitoring and evaluation.	Child Protection Risk Ranking <b>L ✓ / M / H</b> Applications with a <b>HIGH</b> ranking are not recommended for support
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8 **If there are any revenue implications how will they be met in future years?**

N/a

9 **Does the project represent value for money?** Yes  No

10 **Cross boundary grant (if applicable) and division per committee (the calculation should identify the corresponding number of individuals within the respective Local Committee areas who will directly benefit from the grant award)**

	Nos	Amount	%
Northern Local Grants Committee			
Central North Local Grants Committee			
Central South Local Grants Committee			
Southern Local Grants Committee	CA	12	£600
	DV	8	£400
Other areas outwith EA			
Method of Division			

**All questions on this form must be completed**

## Grant Assessment Form (Background Information)

11	<b>Date of officers contact</b>	16/3/2011		
12	<b>Type of Contact</b>	Visit	Telephone ✓	Letter
13	<b>Are you satisfied that the details in the application are accurate?</b>	Yes ✓	No	
	If no give reasons			
14	<b>Is the proposal a realistic undertaking for the group?</b>	Yes ✓	No	
15	<b>Has the Risk Management Assurance Statement at Section 28 been signed?</b>	Yes ✓	No	
16	<b>Are the appropriate planning permissions/building warrants in place for the project (if applicable)?</b>	Yes	No	
17	<b>If the project involves improvements to premises or requires possession of land, is the applicant the owner or tenant (on a lease of 5 years or more)?</b>	Please note this is a condition of grant		
		Owner	Tenant	Other
18	<b>Does the organisation cater for children under 16?</b>	Yes	No ✓	
	<b>If yes, is it registered as Day Care for Children under the Regulation of Care (Scotland) Act 2001 with the Care Commission?</b>	Yes	No	
	If no give reasons			
19	<b>Does the expenditure meet the grant funding criteria as set out in the conditions of grant?</b>	Yes ✓	No	
	If no give reasons			
19a	<b>Does the organisation provide organised and supervised service/ activities for children and/or young people under 18 years of age</b>	Yes	No ✓	
19b	<b>If yes, is the organisation registered with CRBS, Disclosure Scotland or with a recognised umbrella body?</b>	Yes	No	
19c	<b>If no, is the organisation currently in the process of registering with CRBS, Disclosure Scotland or with a recognised umbrella body?</b>	Yes	No	

All questions on this form must be completed

**20** **What Council Strategy/Community Planning/Local Grants Committee priorities are addressed by the application?**

Achievement through learning for adults, encourage individuals to access learning opportunities to improve the quality of their lives and their well-being.

**21** **Please indicate with a tick the benefit in kind given to the organisation**

<input type="checkbox"/>	Reduced minibus charges	<input type="checkbox"/>	Reduced photocopying charge
<input type="checkbox"/>	Reduced equipment use charge	<input type="checkbox"/>	Free typing
<input type="checkbox"/>	Reduced letting charge	<input type="checkbox"/>	Free use of premises
<input type="checkbox"/>	Other	Please specify	

**22** **Please indicate by a tick the level of officer involvement**

<input type="checkbox"/>	High	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Low	<input checked="" type="checkbox"/>	None
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**23**

<b>Assessing Officer</b>	Lynn Catto	<b>Designation</b>	Community Worker
<b>Department</b>	CLD	<b>Tel No</b>	01290 426070
<b>Signature</b>	<i>Lynn Catto</i>	<b>Date</b>	17/03/2011
<b>Countersigning Signature</b>	<i>Janice Harrison</i>	<b>Date</b>	06/04/2011
<b>Designation</b>	Senior Practitioner		

**For completion by Administrative Officer**

<b>Previous grant awarded</b>	
<b>Other relevant information</b>	

**All questions on this form must be completed**