



East Ayrshire
COUNCIL

For official use only

Organisation
Things Tae Dae

Reference Number
CG4802

grant assessment form

1 Aims and objectives of the organisation

To provide social and learning opportunities for people with disability or mental health issues living in Cumnock and Doon Valley.

2 Purpose of the grant (including breakdown of costs)

Core Funding Costs

Volunteer Expenses	£260.00
Miscellaneous Expenses	£240.00
Arts & Crafts Materials	£300.00
Total	£800.00

3a How many people are on the organisation's Management Committee? 8

3b What is the organisation's total membership? 18

3c How many members usually attend the organisation's meetings or events? 12-18

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

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

4 How will the grant :-

(a) develop the organisation; or

Grant will assist in capacity building of committee and formation of group.

(b) benefit the local community.

Grant will provide social and learning activities programme for community.

All questions on this form must be completed

5	Total cost of project	£5,700.00
	Amount of grant requested	£800.00
	Bank Balance(s) Date 31/012/2010	£10.00
Where the group has more than one bank account all balances should be recorded		
	Cash in hand Date 07/03/2011	£0.00
	Value of any other financial assets Date 07/03/2011	£0.00
Name of other funding sources		

Applications submitted to Future Balance, Voluntary Arts Council and Community Chest.

Amount and date of grant

£	Date
£1,500	Future Balance – Pending
£2,000	Voluntary Arts Council – Pending
£1,000	Community Chest - Pending

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?**

Group hope to contribute £400.00 from fund raising in this year.

7 **Recommendation**

Support

Refuse

Defer

Amount **£250.00 start up grant** **FINAL RECOMMENDATION - £200.00**

Recommended

Reason for recommendation

Grant will assist the group to provide a valuable service to those most disadvantaged by disability in the community.

Management Risk Ranking (L) / M / H Child Protection Risk Ranking (L) / M / H

Risk Ranking based on Grant Application and Financial Information used to determine appropriate levels of monitoring and evaluation. Applications with a HIGH ranking are not recommended for support

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	9	£250.00	50
	DV	9	£250.00	50
Other areas outwith EA				
Method of Division		Place of residence of members		

All questions on this form must be completed

Grant Assessment Form (Background Information)

11	Date of officers contact	07/03/2011		
12	Type of Contact	Visit	Telephone	Letter ✓
13	Are you satisfied that the details in the application are accurate?	Yes ✓	No	
	If no give reasons			
14	Is the proposal a realistic undertaking for the group?	Yes ✓	No	
15	Has the Risk Management Assurance Statement at Section 28 been signed?	Yes ✓	No	
16	Are the appropriate planning permissions/building warrants in place for the project (if applicable)?	Yes	No	
17	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)?			
	Please note this is a condition of grant	Owner	Tenant	Other
18	Does the organisation cater for children under 16?	Yes	No ✓	
	If yes, is it registered as Day Care for Children under the Regulation of Care (Scotland) Act 2001 with the Care Commission?	Yes	No	
	If no give reasons			
19	Does the expenditure meet the grant funding criteria as set out in the conditions of grant?	Yes ✓	No	
	If no give reasons			
19a	Does the organisation provide organised and supervised service/ activities for children and/or young people under 18 years of age	Yes	No ✓	
19b	If yes, is the organisation registered with CRBS, Disclosure Scotland or with a recognised umbrella body?	Yes	No	
19c	If no, is the organisation currently in the process of registering with CRBS, Disclosure Scotland or with a recognised umbrella body?	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?**
 Improving opportunities strategy.

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 type="checkbox"/>	None
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Assessing Officer	Joan Outram	Designation	Community Worker
Department	CLD	Tel No	01290 426070
Signature	<i>Joan Outram</i>	Date	25/03/11
Countersigning Signature	<i>Janice Harrison</i>	Date	31/03/11
Designation	Senior Practitioner		

For completion by Administrative Officer

Previous grant awarded	
Other relevant information	