



East Ayrshire
COUNCIL

For official use only

Organisation

Mauchline Old People's Welfare

Reference Number
CG4815

grant assessment form

1 Aims and objectives of the organisation

To provide older people within Mauchline and surrounding areas the opportunity to come together and socialise twice a year. To ensure that older people are given the opportunity to participate in these activities.

2 Purpose of the grant (including breakdown of costs)

Summer outing (transport) 5 buses at £380 per bus	£1900.00
Lunch on the summer outing	£2800.00
Christmas Party	£1870.00
Total	<u>£6570.00</u>

3a How many people are on the organisation's Management Committee? 12

3b What is the organisation's total membership? 700

3c How many members usually attend the organisation's meetings or events? 250

3d How many members of the organisation would benefit from the grant? 700

3e How many members of the community would benefit from the grant? 700

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

(b) benefit the local community.

Provide social activity for the elderly population of Mauchline. Will help to promote social inclusion of the elderly numbers.

All questions on this form must be completed

5	Total cost of project		£6570.00
	Amount of grant requested		£6570.00
	Bank Balance(s)	Date 05/04/2011	£6549.78
	Where the group has more than one bank account all balances should be recorded		
	Cash in hand	Date 5/04/2011	£ 0.00
Value of any other financial assets		Date	£
Name of other funding sources			

N/A

Amount and date of grant

£	Date
	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 money in account is for the summer outing. They do not receive the grant until after they have went on their trip.

7 **Recommendation**

Support	<input checked="" type="checkbox"/>
Refuse	<input type="checkbox"/>
Defer	<input type="checkbox"/>
Amount	£3000.00 FINAL RECOMMENDATION - £2,800.00
Recommended	

Reason for recommendation
 To enable the elderly residents in Mauchline to participate in social experiences. The reduced amount has been recommended as the group currently have considerable finances in the bank.

Management Risk Ranking L / M / H <small>Risk Ranking based on Grant Application and Financial Information used to determine appropriate levels of monitoring and evaluation.</small>	Child Protection Risk Ranking L / M / H <small>Applications with a HIGH ranking are not recommended for support</small>
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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		
	DV		
Other areas outwith EA			
Method of Division			

All questions on this form must be completed

Grant Assessment Form (Background Information)

11	Date of officers contact	04/04/2011		
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)?	N/A		
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 N/A	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?**

Promotes Social Inclusion
Promotes the improving health priority

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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Assessing Officer	Milissa McCulloch	Designation	Community Worker
Department	CLD	Tel No	01292 552940
Signature	<i>Milissa McCulloch</i>	Date	04/04/2011
Countersigning Signature	<i>Janice Harrison</i>	Date	21/04/2011
Designation	Senior Practitioner		

For completion by Administrative Officer

Previous grant awarded	
Other relevant information	