



grant assessment form

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|-----------|---|-----------|
| 1 | Purpose of the group | |
| | To provide social and recreational activities to elderly people living within the Northwest of Kilmarnock. To reduce social isolation of elderly people. | |
| 2 | Purpose of the grant | |
| | To contribute towards the costs for group summer outing and replace some existing equipment. | |
| 3a | How many people are on the group's Management Committee? | 4 |
| 3b | What is the group's total membership? | 49 |
| 3c | How many people in the group would benefit from the grant? | 49 |
| 3d | How many people usually attend the group? | 33 |
| 3e | How many people are expected to attend? | 49 |
| 4 | How will the grant develop the group/organisation or benefit the local community? | |
| | Grant will help reduce social isolation of elderly people living within Northwest Kilmarnock. Many members are on low income and would otherwise not experience above. | |

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|-------------------------------------|--|---------------------|--|---------------------------|-------------------------------------|
| 5 | Total cost of project | £900 | 6 | Recommendation | |
| | Amount of grant requested | £700 | | Support | <input checked="" type="checkbox"/> |
| | Bank Balance(s) | Date 8.12.03 | | Refuse | <input type="checkbox"/> |
| | Where the group has more than one bank account all balances should be recorded | | | Defer | <input type="checkbox"/> |
| | Cash in hand | Date | | Amount Recommended | £700 |
| Name of other funding source | | | Reason for recommendation | | |
| | | | Grant Grant will address East Ayrshire | | |
| | | | Council social inclusion agenda. | | |
| | | | Group are providing reasonable | | |
| | | | contribution towards overall costs. | | |
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|---------------------------------|-------------|
| Amount and date of grant | |
| £ | Date |
| | |

7 **If latest bank balance 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?**

Funds are ringfenced for general running costs of the group and the provision of social activities for members.

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

9 **If there are any revenue implications how will they be met in future years?**

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)**

| | | | | | |
|----------------------|------------------|----------------------|--------------------|----------------------|--------------------------------------|
| <input type="text"/> | Cumnock Area | <input type="text"/> | Kilmarnock Central | <input type="text"/> | Northern Area |
| <input type="text"/> | Doon Valley | <input type="text"/> | Kilmarnock South | <input type="text"/> | Other areas outwith East Ayrshire |
| <input type="text"/> | Irvine Valley | Method of Division | | | |
| <input type="text"/> | Kilmarnock North | <input type="text"/> | | | |

All questions on this form must be completed

Grant Assessment Form (Background Information)

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|----|---|--|--|--------|
| 11 | Date of officers contact | 26.2.04 | | |
| 12 | Type of Contact | Visit <input checked="" type="checkbox"/> | Telephone | Letter |
| 13 | Are you satisfied that the details in the application are accurate? | Yes <input checked="" type="checkbox"/> | No | |
| | If no give reasons | | | |
| 14 | Is the proposal a realistic undertaking for the group? | Yes <input checked="" type="checkbox"/> | No | |
| 15 | Does the group have insurance for the project? | Yes <input checked="" type="checkbox"/> | No | |
| 16 | Are any planning permissions/building warrants required for this project? | Yes | No <input checked="" type="checkbox"/> | |
| 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 eight? | Yes | No <input checked="" type="checkbox"/> | |
| | If yes, is it registered under the Children Act 1989 | Yes | No | |
| | If no give reasons | | | |
| | | | | |
| | | | | |
| 19 | Does the expenditure meet the grant funding criteria | Yes <input checked="" type="checkbox"/> | No | |
| | If no give reasons | | | |
| | | | | |
| | | | | |
| 20 | What Council Strategy/Social Inclusion/Local Committee priorities are addressed by the application? | Grant will help reduce social isolation of elderly people. | | |
| | Addresses East Ayrshire Council social inclusion agenda. | | | |
| | | | | |

All questions on this form must be completed

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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 | |

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Please indicate by a tick the level of officer involvement

| | | | | | | | |
|--------------------------|------|-------------------------------------|--------|--------------------------|-----|--------------------------|------|
| <input type="checkbox"/> | High | <input checked="" type="checkbox"/> | Medium | <input type="checkbox"/> | Low | <input type="checkbox"/> | None |
|--------------------------|------|-------------------------------------|--------|--------------------------|-----|--------------------------|------|

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|---------------------------------|-------------------------------|--------------------|-------------------------|
| Assessing Officer | James Weatherston | Designation | Community Worker |
| Department | Support to Communities | Tel No | 01563 572757 |
| Signature | <i>James Weatherston</i> | Date | 27.2.04 |
| Countersigning Signature | <i>Margaret MacBain</i> | Date | 27.2.04 |
| Designation | Team Leader | | |

For completion by Administrative Officer

Previous grant awarded

Other relevant information

All questions on this form must be completed