



**East Ayrshire**  
COUNCIL

*For official use only*

Organisation  
**CARERS  
SUPPORT  
GROUP**

Reference Number  
**CG3575**

# grant assessment form

<b>1</b>	<b>Aims and objectives of the organisation</b>	
	To provide support to all carers of the frail, elderly and dementia sufferers in the Cumnock and Doon Valley Area.	
<b>2</b>	<b>Purpose of the grant (including breakdown of costs)</b>	
	<p>Transport – 9 months travel at £50 = £450.00</p> <p>Summer Outing with Lunch = £200.00</p> <p>Christmas Lunch = £350.00</p> <p>TOTAL = £1000.00</p>	
<b>3a</b>	<b>How many people are on the organisation’s Management Committee?</b>	7
<b>3b</b>	<b>What is the organisation’s total membership?</b>	18
<b>3c</b>	<b>How many members usually attend the organisation’s meetings or events?</b>	14
<b>3d</b>	<b>How many members of the organisation would benefit from the grant?</b>	18
<b>3e</b>	<b>How many members of the community would benefit from the grant?</b>	18
<b>4</b>	<b>How will the grant :- (a) develop the organisation; or</b>	
	It will help the organisation provide a quality service.	
	<b>(b) benefit the local community.</b>	
	It will give members the opportunity to participant in programme of activities.	

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

5	<b>Total cost of project</b>		<b>£1000.00</b>
	<b>Amount of grant requested</b>		<b>£850.00</b>
	<b>Bank Balance(s)</b>	<b>Date 2 February 2007</b>	<b>£691.68</b>

Where the group has more than one bank account all balances should be recorded

<b>Cash in hand</b>	<b>Date</b>	<b>£ NO CASH IN HAND</b>
<b>Value of any other financial assets</b>	<b>Date</b>	<b>£</b>
<b>Name of other funding sources</b>		

NONE

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

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?**  
 Transport costs till the end of May.

7 **Recommendation**

<b>Support</b>	<input checked="" type="checkbox"/>
<b>Refuse</b>	<input type="checkbox"/>
<b>Defer</b>	<input type="checkbox"/>
<b>Amount Recommended</b>	<b>£425.00</b>

**Reason for recommendation**  
 It will benefit the organisation in providing a quality service to carers.

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?**  
 No.

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	%
Cumnock Area	9	£425	50%
Doon Valley	9	£425	50%
Central Local Community Planning Forum			
Northern Local Community Planning Forum			
Other areas outwith EA			

All questions on this form must be completed