

# grant assessment form

<b>1</b>	<b>Purpose of the group</b>	
		To promote the well being of the community of Hurlford and Crookedholm by ascertaining, co-ordinating and expressing to local authority and public authorities the views of the community.
<b>2</b>	<b>Purpose of the grant</b>	
		The grant is to be used for repair maintenance and insurance of four electric wheelchairs which Hurlford and Crookedholm Community Council keep and allow to be used by Community members as and when needed
<b>3a</b>	<b>How many people are on the group's Management Committee?</b>	12
<b>3b</b>	<b>What is the group's total membership?</b>	12
<b>3c</b>	<b>How many people in the group would benefit from the grant?</b>	See below
<b>3d</b>	<b>How many people usually attend the group?</b>	10
<b>3e</b>	<b>How many people are expected to attend?</b>	12
<b>4</b>	<b>How will the grant develop the group/organisation or benefit the local community?</b>	
		This grant will benefit those people in the community who need the use of electric wheelchairs or scooters.

<b>5</b>	<b>Total cost of project</b>	<b>£ 500</b>
	<b>Amount of grant requested</b>	<b>£ 500</b>
	<b>Bank Balance(s)</b> <b>Date</b> August 2003	<b>£542.00</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>

**Name of other funding source**

<b>6</b>	<b>Recommendation</b>
	<b>Support</b> <input checked="" type="checkbox"/>
	<b>Refuse</b> <input type="checkbox"/>
	<b>Defer</b> <input type="checkbox"/>
	<b>Amount Recommended</b> <b>£ 500</b>
	<b>Reason for recommendation</b>
	These wheelchairs and electric scooters are a valuable resource to the community
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

<b>Amount and date of grant</b>	
<b>£</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

**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?**

<input type="text"/>
<input type="text"/>
<input type="text"/>

**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?**

N/A
<input type="text"/>
<input type="text"/>
<input type="text"/>

**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 checked="" type="checkbox"/>	Irvine Valley	Method of Division			
<input type="text"/>	Kilmarnock North	<input type="text"/>			

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