

grant assessment form

1 Purpose of the group

To provide a safe, happy and secure quality of childcare whose parents/guardians are in employment or further education. Organisation also provides respite care.

2 Purpose of the grant

To provide quality childcare and replace some equipment. The grant will allow group to plan activities for the Easter, Summer and October holidays 2003.

3a How many people are on the group's Management Committee? 10

3b What is the group's total membership? 101

3c How many people in the group would benefit from the grant? 101

3d How many people usually attend the group? 29 - 50

3e How many people are expected to attend? 29 - 50

4 How will the grant develop the group/organisation or benefit the local community?

Provide quality childcare allowing adults to access further education.

5	Total cost of project	£ 2115	6	Recommendation
	Amount of grant requested	£ 2115		Support <input checked="" type="checkbox"/>
	Bank Balance(s) Date 31.3.03	£ 1987.56		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 N/A	£ Nil		Amount Recommended £ 2115
Name of other funding source			Reason for recommendation	
			Address East Ayrshire Council's Social	
Amount and date of grant			Inclusion Agenda.	
£		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 ring fenced to cover letting charges, staffing costs and day to day running cost.

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?**
 Project will continue to raise funds from voluntary grant sources.

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	£1821 (87 /101)	Kilmarnock Central	£147 (7/101)	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			
£144 (7/101)	Kilmarnock North	<input type="text"/>			

All questions on this form must be completed

Grant Assessment Form (Background Information)

11	Date of officers contact	10.04.03		
12	Type of Contact	Visit	Telephone <input type="checkbox"/>	Letter <input type="checkbox"/>
13	Are you satisfied that the details in the application are accurate?	Yes	No <input type="checkbox"/>	
	If no give reasons			
14	Is the proposal a realistic undertaking for the group?	Yes	No <input type="checkbox"/>	
15	Does the group have insurance for the project?	Yes	No <input type="checkbox"/>	
16	Are any planning permissions/building warrants required for this project?	Yes <input type="checkbox"/>	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 N/A	Tenant	Other	
18	Does the organisation cater for children under eight?	Yes	No <input type="checkbox"/>	
	If yes, is it registered under the Children Act 1989	Yes	No <input type="checkbox"/>	
	If no give reasons			
19	Does the expenditure meet the grant funding criteria	Yes	No <input type="checkbox"/>	
	If no give reasons			
20	What Council Strategy/Social Inclusion/Local Committee priorities are addressed by the application?			
	Reduce social exclusion by addressing issues of poverty, deprivation and unemployment wherever they are to be found.			

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	N / A

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Please indicate by a tick the level of officer involvement

<input type="checkbox"/>	High	<input type="checkbox"/>	Medium	<input checked="" type="checkbox"/>	Low	<input type="checkbox"/>	None
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Assessing Officer	James Weatherston	Designation	Community Worker
Department	E & S S C.L.A.D.	Tel No	01563 535913
Signature		Date	10.4.03
Countersigning Signature		Date	10.4.03
Designation	Team Leader		

For completion by Administrative Officer

Previous grant awarded

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Other relevant information

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All questions on this form must be completed