**Transforming Lives Grant Application Form**

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| **Section A – About Your Organisation** | |
| 1. **Organisation name:** |  |

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| 1. **Your organisation’s contact details:**   (We will use these details for correspondence) | |
| Name: |  |
| Position in organisation: |  |
| Address: |  |
| Postcode: |  |
| Email address: |  |
| Telephone: |  |
| Website address: |  |
|  |  |
| GDPR | Please tick this box to consent to your submitted data being collected  and stored for the purposes itemised in Section D/2 |

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| 1. **Are there any special communication needs we need to be aware of when corresponding with you? Y/N (if yes, please provide further details)** | |
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| 1. **Does your organisation have a written constitution, a set of rules or a governing document? Y/N (if yes, please provide further details or attach document to email)** |  |

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| **Section B – Background to Your Organisation** |
| **Please describe the purpose of your organisation and what it does?** *(150 words max)* |
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| 1. **How would you best describe your organisation?** | Voluntary community group/club/society | |  |
| Community Council | |  |
| Registered Charity | |  |
| Social Enterprise | |  |
| Church/faith led group | |  |
| Small business | |  |
|  | Other (Please specify) |  | |

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| **Section C – What would you like to do?** | |
| 1. **What work does your group do to support disadvantaged communities?** *(250 words max)* | |
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| **2. How much funding are you applying for?** *(Between £250 & £1000)* |  |

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| **3. Describe what you wish to use this grant for:** *(500 words max)* |
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| **4. What groups of people will the grant support?** *(150 words max)* |
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| **5. Provide the location/s the grant will be used:** |
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| ***6. Please tell us how the grant will benefit the local community: (100 words max)*** |
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| **7. How many people do you expect to benefit from the grant?** |
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| **Section D – Additional Relevant Information and Declaration** |
| 1. **Please provide any additional relevant information that you consider is important we should be aware of:** *(150 words max)* |
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| 1. **Declaration:** **Please insert a response in all boxes before your application is submitted otherwise the Fund will be unable to consider your application** | **Enter Yes/No**  **to confirm each statement** |
| You are duly authorised to submit this application on behalf of your organisation. |  |
| To the best of your knowledge and belief, all answers to the above questions are true and accurate. |  |
| This application is from an organisation within Scotland. |  |
| You have included copy of your Constitution/Articles of Association/ OSCR Certificate or other legal status document with your application. |  |
| You have included copy of your most recent independently-examined Annual Accounts that are not older than 18 months old (unless you are a new organisation). |  |
| If successful in this application, you will fully acknowledge the ATS Transforming Lives Fund in your publicity and agree to take part in any publicity organised by the Fund. |  |
| **GDPR**  You consent to your submitted data being collected and stored for the following purposes:  When you apply for a grant for your organisation from us, we will collect personal data so that we can contact you about your organisation's application, assess the application, contact you about any grant we can or cannot make and about any monitoring of the grant. This information will be held for a period of six years.  We also seek consent to hold personal data to contact you occasionally with news, invitations and for your views on this Fund. |  |

**This form should be submitted by email.**

**Please ensure that you have included all the documentation required and return to:**

[**info@athleticstrustscotland.org.uk**](mailto:info@athleticstrustscotland.org.uk)