

HIGHLAND MARINE RESOURCES & COMMUNITIES SCHEME

APPLICATION FORM

1. CONTACT DETAILS

1.1 Name of your Group, Organisation or Business

1.2 Title of your Project

1.3 Contact Name and Position

1.4 Address Details

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post Code:	<input type="text"/>
Tel number day:	Tel number evening:
Fax Number:	<input type="text"/>
e-mail address:	<input type="text"/>

1.5 Status

Which of these describes the status of your Group or Organisation?

Company Limited by Guarantee Quote company registration Number:	<input type="checkbox"/>
Registered Charity Quote charity number:	<input type="checkbox"/>
Other form of constituted group Please specify:	<input type="checkbox"/>
Other status Please specify:	<input type="checkbox"/>

1.6 Is your Group or Organisation registered for VAT?

Yes

2. YOUR PROJECT

2.1. Project Description

Please describe briefly what you intend to do, why you want to do it, who will undertake it and how you think it will benefit the community where it takes place

2.2. Scheduling

When do you want to start your project?
(See Guidance Notes on start dates)

Date _____

When do you expect it to be completed

Date _____

2.3 Management

Who will be responsible for day-to-day management of the project? Are they volunteers or employees? What is their previous relevant experience?

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2.4 Partnership

- Are any other groups or organisations involved in managing or delivering this project?
Yes No
- If so, please give contact details for each partner.

Name	Address

- What form of partnership agreement do you have with them?

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2.5. Monitoring

- What monitoring arrangements will your Group or Organisation establish to ensure that the project outcomes are achieved?

2.6. Sustainability Development

- How will your project contribute to the principle of sustainable development?

2.7 Organisation and Public Funding

- Are you a trading organisation YES/NO
- If yes, what level of support have you received over the last 3 years. If you are unsure please contact the Scheme Administrator

3.3. Match Funders

Please list the names and addresses of the public or private sector organisations providing match funding to your project, with the amount they are contributing (identified as cash or "in kind"), and indicate in the last column whether they have given you a letter of intent, which should be attached to the application form.

Name	Address	Amount £	Cash or in kind	Yes/ No

3.4. Income

- Is your project likely to generate any income? Yes No
- If so, please provide details of sources, timings and amounts.

Sources	Timings	Amounts

4. OTHER INFORMATION

4.1. Equal Opportunities

- Does your Group or Organisation have an Equal Opportunities policy, or are you covered by the policy of a “parent” organisation? How will your project contribute to the principle of equal opportunities?

4.2. Child Protection Policy

Does your project involve young people or will it bring adults into contact with young people? If so, does your Group or Organisation have a Child Protection Policy?

4.3. Publicity

How do you intend to publicise your project and any funding provided to it through the HiMaRCS?

Site signage during works	
Permanent plaque on Premises	
Specific Press and Media Releases	
Acknowledgement in all Media Releases	
Acknowledgement in all Project Documentation	
Other (please specify in box below)	

Detail any other methods that will be used to publicise the project

5. PAYMENT

5.1. Bank Details

Please give details of your Group's or Organisation's bank account into which payment of any approved financial assistance should be made.

Name of Bank			
Address			
Post Code			
Account Number			
Sort Code			

6. DECLARATION

I certify that the information in this application is correct and confirm that this project will be carried out as described, and that the grant requested is the minimum necessary for the project to proceed.

I declare that I have read and understand the MCDS Guidance notes and Information for Applicants.

I undertake to repay on demand any grant paid if after investigation it is discovered that the project has not been carried out in accordance with the application.

I understand that the MCDS reserves the right to request supplementary information to support this application.

Applicant Organisation Name			
Name of signatory (please print)			
Position in organisation			
Signature (IN BLUE INK)			
Date			

As this information may be useful to you in consultations with other organisations you may wish to keep a photocopy.

Now please send the completed application form to –

Highland Marine Resources and Communities Scheme Scheme Administrator Planning Policy & Europe Planning & Development Service The Highland Council Glenurquhart Road INVERNESS IV3 5NX
