Scottish Development Fund

1. Applicant Information

Application in the Name of: i.e. Scout Group			
Personal Details of individual making the application (All correspondence relating to the application will be with this named person)			
Contact Name:			
Address:			
Telephone:	Day:	Evening:	Mobile:
Email:			
Appointment			

2. Application Overview

Title of Project			
Strategic Plan Category (Please Tick)	1. Recruitment & Retention	2. Communication	3. PR & Promotion
	4. Practical Support	5. Sustainability & Growth	6. Developing People
Amount Requested			
Type (please Tick)	Small Grant ☐	Standard Grant ☐	

3. Project Information

<table>
<tr><td>Detailed Description of Project:</td><td colspan="2">(If your planned activities are complex in nature please attach a one page project plan)</td></tr>
<tr><td rowspan="2">Duration of Project:</td><td colspan="2">Total Duration:</td></tr>
<tr><td>Start Date</td><td>End Date</td></tr>
<tr><td rowspan="2">Expected Outcomes:</td><td colspan="2">Impact; what difference will it make to young people and local Scouting?</td></tr>
<tr><td colspan="2">How will you know that you have achieved your outcomes and how will you record this?</td></tr>
</table>

4. Financial Information

Total Budget for the Project – please detail below all items of expenditure for this application			
Ref No/ Quote or Information Sheet	Item of Expenditure	**Total Cost** **£**	**Amount Applied For** **£**
1			
2			
3			
4			
5			
6			
	Totals	**£**	**£**

Matched Funding or Other Funding Information				
Funding Source (Including Group/District/Region contributions)	**Date Approved**	**Amount** **£**	**Period of Funding** **From**	**To**
Scout Group				
Scout District				
Scout Region				
Total		**£**		

Financial Information ***"Remember you must enclose most recent set of full accounts with your application"***

How much funding are you applying to SHQ for:	**£**

5. Supporting Information

All applications require supporting signatures and remarks as outlined within the Guidance Information Pack.

Please state your reasons for supporting the application and confirm that it can meet the identified outcomes. If you have not supported the application financially please state why.

	Supporting Remarks
Group	
Signature & Appointment:	
District	
Signature & Appointment:	
Region	
Signature & Appointment:	

Check List (incomplete application forms will not be considered)

- ✓ Answered all the questions on the application form
- ✓ Enclosed quotes and/or information sheets for **all items of expenditure**
- ✓ Enclosed your most recent certified accounts.
- ✓ Application endorsed and signed in line with the guidance information
- ✓ Application **signed** in person by the applicant.

Applicant Signature & Date:		

6. Payment Details

Please ensure that this section is completely accurately and that the information relates to a bank account in the name of the applicant body.

No monies can be paid into an account held in the name of an individual.

Title of Project			
Application in the Name of:			
Personal Details of individual making the application (All correspondence relating to the application will be with this named person)			
Name:			
Address:			
Telephone:	Day:	Evening:	Mobile:
Email:			
Appointment:			

Banking Information – No personal banking information is acceptable	
Bank Name:	
Bank Address:	
Sort Code:	
Account Number:	
Account Name:	