



COASTAL COMMUNITIES CHALLENGE FUND

Grant Application Form

Project Name:	
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SECTION 1: Applicant Details		
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1.1	Organisation Name:	
1.2	Registration Number¹ (if applicable):	
1.3	Registered Address²:	
1.4	Value of public funding received over last three financial years³:	£
1.5	Is your organisation VAT registered?	<i>Please select</i>
1.6	VAT Number:	
1.7	Contact Person Name:	
1.8	Address:	
1.9	Telephone:	
1.10	Email:	

SECTION 2: Capacity to Deliver	
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2.1	Please provide a summary of your organisation's capacity to deliver the project, including information on past experience and personnel/resources available to manage and deliver the project

¹ Company number, charity number etc.

² This should match the address at which your organisation is formally registered if a limited company/charity etc.

³ You should declare the total value of public grants received by your organisation since 2019-20

SECTION 3: Project Description and Outcomes

3.1 Where will the project be located/project activity take place?⁴

3.2 Please provide a summary of the proposed project and the activities that the grant would pay for.

3.3 Please describe how the project demonstrates a tangible link with the coast and/or the sea

⁴ This is restricted to communities or sites within or adjacent to Aberdeenshire's coastal zone, details of which can be found at the following link: https://www.aberdeenshire.gov.uk/ldpmedia/4_Coastal_zones.pdf

3.4

Please describe the anticipated benefits, outcomes and impact of the project. You should also comment on the sustainability and legacy of the project.

3.5

Project need and demand: Please describe and provide sufficient evidence that your project will meet an unmet need or demand.

3.6 Value for money: Please describe how your project represents good value for the funding requested and deliver programme outcomes and objectives.

3.7 Please provide an estimate and description of your project’s contribution to the following Outputs, Outcomes and Results indicators⁵:

Indicator	Number	Please describe how the project contributes to these outputs as applicable:
1. Number of new facilities created		
2. Number of existing facilities enhanced		
3. Number of jobs created (FTE @ 37 hour week)		
4. Number of new products/services created		
5. Number of volunteer opportunities created		
6. Length of active travel routes enhanced or created (metres)		
7. Number of new visitors or customers (annual)		
8. Increase in revenue to sustain and grow the organisation (£)		
9. Reduction in greenhouse gas emissions		
10. Increase in biodiversity		

3.7 Please indicate which priority the project will support and how it will contribute to this priority (applicants should select only one priority which the project best fits within):

Priority	How does the project contribute to the selected priority?
Click here to select a priority	

⁵ You should only enter outputs which are directly attributable to the project and which can be evidenced following completion

SECTION 4: Risk Management

4.1 Please provide a breakdown of risks to the delivery of the project and address how you will mitigate these risks:

Risk	Impact (What is the effect of the risk on project delivery?)	Mitigation (How will you ensure that these risks are managed?)
Increase in project costs		
Availability and capacity of contractors		
Availability of materials		
Loss of personnel/capacity within the organisation		
Weather related delays		
<i>Others (please add more rows if applicable)</i>		

4.2 Please provide information on any relevant consents or permissions which are required for your project. Please provide evidence of any approved permissions and (where appropriate) evidence that permissions are not required (e.g. correspondence with planning officers).

Description	Confirmed?	Comments
Building Warrant ⁶	Please select	
Licence(s) ⁷	Please select	
Lease and/or Landowner Consent	Please select	
Listed Building Consent ⁸	Please select	
Planning Permission ⁹	Please select	
Other(s) (please specify below):	Please select	
	Please select	

⁶ To check if this applies, please visit: [Apply for a building warrant - Aberdeenshire Council](#)

⁷ To check if this applies, please visit: [Apply for a licence, permit or permission - Aberdeenshire Council](#)

⁸ To check if this applies, please visit: [Listed buildings - Aberdeenshire Council](#)

⁹ To check if this applies, please visit: [Apply for planning permission - Aberdeenshire Council](#)

SECTION 5: Project Timescale

5.1

Please provide a list of project milestones. These should cover the duration of the project and include all project activity listed in section 3.2

YOUR PROJECT MUST BE COMPLETE BY 31 MARCH 2025

Activity carried out	Estimated Start Date	Estimated End Date

SECTION 6: Project Costs

Cost Item	Quotes ¹⁰				Cost amount ¹¹ (£)
	Company Name	Document Name	Quote Cost ¹² (£)	Preferred supplier?	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
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				<input type="checkbox"/>	
If you require additional cost lines, please request an additional cost table by emailing coastalcommunities@aberdeenshire.gov.uk				Total Project Expenditure:	£

¹⁰ You should enter the required number of quotes according to the NESFLAG procurement guidance

¹¹ The cost for each item should match the cost of the preferred supplier

¹² These costs must exclude VAT if your organisation is able to recover VAT.

SECTION 7: Funding Package

7.1 Please enter a list of project match funding. Minimum match funding is 10% for community and charitable applicants, and 50% for business applicants. You must provide evidence of all match funding including a letter to confirm your own contribution.

Source	Confirmed? (Y/N)	Amount (£)
	Please select	
	Please select	
	Please select	
Total match funding:		£

7.2 **CCCF Grant requested** *(this must equal total project costs minus total match funding)*

£

SECTION 8: Supporting Documents. You must include the following documents along with your application.

Supporting Documentation Enclosed:	Document name(s)	Submitted?
Constitution or Memorandum/Articles of Association		Please select
Annual accounts (most recent 3 years)		Please select
Bank statements (most recent 3 months)		Please select
Quotes for every cost item		Please select
Organisational policies (e.g. equal opportunities, health and safety, child protection)		Please select
List of directors/trustees/committee		Please select
Relevant insurance policies certificates*		Please select
Evidence of land ownership/lease*		Please select
Confirmation of match funding		Please select
Letters of support		Please select
Evidence of demand (e.g. consultation, research, surveys)*		Please select
Permissions (e.g. planning, marine licence)*		Please select
Job descriptions*		Please select

Photographs/plans/drawings*		Please select
<i>Others- please add as applicable</i>		

**If applicable*

SECTION 9: Declaration	
I confirm that I am authorised by my organisation to apply for grant funding from the Coastal Communities Challenge Fund and that all information provided in this application is correct to the best of my knowledge:	
Signature¹³	
Print name	
Position in organisation¹⁴	
Date	

Completed forms and all additional documentation should be emailed to coastalcommunities@aberdeenshire.gov.uk

¹³ An electronic or scanned signature is acceptable

¹⁴ This must be a director, office bearer or equivalent