



**ROUSAY, EGILSAY & WYRE DEVELOPMENT TRUST**

**GENERAL GRANT/LOAN APPLICATION FORM**

Rousay, Egilsay and Wyre Development Trust operates a general grants/loans scheme that is open to applications from businesses, voluntary groups, organisations and individuals on Rousay, Egilsay or Wyre for purposes that will benefit residents of the three islands.

For grants/loans over £1,000, you will be asked for more detailed information and this may be in the form of a business case. Evidence of community support may also be required. Please attach quotations, where available, and a breakdown of costs.

Successful applicants are required to start drawing down awarded funds within 3 months of their acceptance of the award or you may risk the award being withdrawn.

Organisation (if applicable): \_\_\_\_\_  
Main Contact \_\_\_\_\_ Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_ E-mail \_\_\_\_\_

Are you applying for a grant or a loan? \_\_\_\_\_ When is the grant/loan required? \_\_\_\_\_

What is the intended use of the grant/loan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will benefit from the grant/loan? (Please indicate the age-range, numbers, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

What size of grant/loan are you seeking? \_\_\_\_\_  
Has funding from other sources been applied for? \_\_\_\_\_ Has it been granted? \_\_\_\_\_  
(Please give details of sources and amounts) \_\_\_\_\_  
\_\_\_\_\_

What is your organisation's current bank account balance? (Organisations only) \_\_\_\_\_

Grants/Loans will normally be paid direct to a bank account on presentation of invoices (where applicable). Bank account details will be requested if a Grant Offer is made.  
Please contact the staff at the Development Trust Offices if you require any assistance in preparing this application.

**Declaration by Main Contact**

By signing this application, I declare that the information given is complete and accurate. Where the application is on behalf of a voluntary group or organisation, I confirm that I am acting on behalf of that group with their agreement. If under 16, a parent/guardian must sign.

I confirm there has been no expenditure in relation to this application, prior to being submitted to the Board of the Development Trust for their approval.  (Please tick)

**Signed** ..... **Print name** ..... **Date** .....

**2<sup>nd</sup> signature (for voluntary groups and organisations only, one signatory must be the Chair)**

**Signed**..... **Print Name** ..... **Date** .....

Please return the completed form to:  
REWDT, The Manse, Rousay, KW17 2PR or electronically to [info@rewdt.org](mailto:info@rewdt.org)

Office Use Only:

Fund:	Approval:	Date:
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