

|  |
| --- |
| **Museum & Tasglann nan Eilean****Lews Castle, Stornoway, Isle of Lewis HS2 0XS****Telephone: 01851 822746** |



Form A: application for

Heritage Grants 2025-2026

Use this form for Comann Eachdraidh Membership and Accredited Museum Awards **only**.

Applications for Comann Eachdraidh Equipment Grants should be made using Form B.

The deadline for the submission of this form is **31 October 2025.**

Completed claim forms should be returned by email to

**MuseumU&B@cne-siar.gov.uk**

# Section A1: Applicant details

|  |  |
| --- | --- |
| Name of organisation claiming grant |  |
| Date of formation |  |
| Applicant’s title (Ms, Mr etc) |  |
| Applicant’s surname |  |
| Applicant’s forename |  |
| Position of applicant within organisation |  |
| Organisation address |  |
| Organisation postcode |  |
| Organisation phone number |  |
| Applicant’s home phone number |  |
| Applicant’s mobile phone number |  |
| Email (of organisation rather than claimant) |  |
| Is the organisation a Charity / Company / Scottish Charitable Incorporated Organisation? **Yes / No - plus any appropriate number** |  |
| Is the organisation VAT registered? **Yes / No - plus any appropriate number** |  |

# Section A2: Present membership

Please complete with accurate **current** membership of your organisation.

|  |  |
| --- | --- |
| Number of members |  |

# Section A3: Support documentation

Please ensure that copies of **all** documents listed below are submitted with your application.

Your application **will not be processed** until all documentation is received.

# Documentation checklist:

# Please tick (🗸) to confirm submission, or provide reason for non-submission.

|  |  |  |
| --- | --- | --- |
| **Type of documentation** | **Submitted?** | **Reason for non-submission (‘previously submitted’, ‘subgroup’ or ‘to follow’ will not be accepted)** |
| Constitution |  |  |
| Latest audited accounts |  |  |
| Latest bank statement |  |  |
| Minutes of last Annual General Meeting |  |  |
| Names and addresses of current committee members |  |  |
| \* Numbered list of members (further evidence may be requested) |  |  |
| \*\*Evidence of Accredited Museum status |  |  |

**Additional** documentation is required for these specific grants:

\*Membership Heritage Grants \*\*Accredited Museum

# Section A4: Grant details

**Please indicate which grant(s) you are applying for and the amount you are applying for from Comhairle nan Eilean Siar**

|  |  |  |
| --- | --- | --- |
| **Type of grant** | **Applied for?** **Tick (🗸) all that apply** | Amount |
| Membership |   | £  |
| Accredited Museum |   | £  |
| **Total** | £  |

Description**:** please provide a brief account below of what you would do with a Heritage Grant.

* How your grant will benefit your organisation
* How your grant will benefit your community
* Any further relevant details

# Section A4: Grant details (continued)

## Have you applied to Comhairle nan Eilean Siar for any other grants in this financial year?

**Yes** or **No**:

If Yes, please give details:

|  |  |
| --- | --- |
| **For what purpose?** | **Amount** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

# Section A5: Organisation’s bank details

We are unable to process your application without these.

|  |  |
| --- | --- |
| Bank name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Account name |  |
| Account number |  |
| Sort code |  |
| Account signatory’s position in organisation  |  |

# Section A6: Declaration

I hereby apply to Comhairle nan Eilean Siar for financial assistance for the purpose stated above. I have read the Notes for Guidance for grant applications and the conditions set out there and I agree to abide by them. I agree to return all monies received from Comhairle nan Eilean Siar and not spent for the above noted purposes.

Signed: Date:

**Comhairle nan Eilean Siar**

**Development Department**

**This page for Comhairle use only**

|  |  |
| --- | --- |
| Date received |  |
| Date acknowledged |  |
| Reference number |  |
| Grant type: capital (Yes or No) |  |
| Grant type: revenue (Yes or No) |  |
| Passed for recommendation to (insert name of officer) |  |
| Passed for recommendation on (insert date) |  |

**Officer’s recommendation** (officer approval up to £1k – Head of Service £1k-£5k)

Tick (🗸) to indicate recommendation:

Approve:…. Part approve…. Do not approve….

|  |  |
| --- | --- |
| Amount approved |  |
| Details of conditions |  |
| Claim by date |  |
| Reason for refusal |  |
| Signed by |  |
| Date |  |

**Head of Service authorisation**

Signed: Date:

**Administration process checklist**

Tick (🗸) to indicate completion.

|  |  |  |
| --- | --- | --- |
| **Process** | **Completed?** | **Date** |
| Group notified |  |  |
| Finance notified |  |  |
| Officer notified |  |  |
| Claim form returned |  |  |
| Creditors’ reference |  |  |
| Spreadsheet completed |  |  |
| Signed |  |  |