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



Form B: application for

Comann Eachdraidh Equipment Grants 2025-2026

Use this form for Comann Eachdraidh Equipment Grants **only**

This funding round will **open on 17 November 2025**, and is **conditional** on there being an underspend from the earlier funding round (for Membership & Museum Accreditation Awards).

The **deadline** for the submission of this form is **5 December 2025.** If your submission is successful you must **then** claim reimbursement for heritage equipment costs by **14 February 2026,** using Form C.

Completed claim forms should be returned by email to

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

# Section B1: Applicant details

|  |  |
| --- | --- |
| Name of Comann Eachdraidh 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 applicant) |  |
| Is the organisation a Charity / Company / Scottish Charitable Incorporated Organisation? **Enter Yes / No - plus any appropriate number** |  |
| Is the organisation VAT registered? **Enter Yes / No - plus any appropriate number** |  |

# Section B2: Present membership

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

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

# Section B3: Support documentation

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

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

# Documentation checklist:

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

Relevant quotations must be for the **total value of the project** rather than for the amount being applied for.

|  |  |  |
| --- | --- | --- |
| **Type of documentation** | **Submitted?** | **Reason for non-submission (‘previously submitted’, 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 |  |  |
| All relevant quotations (total value of the project) |  |  |

# Section B4: Grant details

Description**:** please provide a brief account of what you would do with a Comann Eachdraidh Equipment Grant.

* What you intend to purchase
* How your purchase will benefit your organisation
* How your purchase will benefit your community
* Any further relevant details

Examples of aims could include caring for or providing access to collections.

# Section B4: Grant details (continued)

## Itemisation of intended purchases

Written quotations **must** also be attached. If you need more space, please attach a separate table.

Please refer to guidance notes for advice on VAT.

|  |  |
| --- | --- |
| Items for intended purchase | Estimated cost |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Total project costs | £  |

## What is your organisation’s financial contribution? £

How do you hope to raise this?

Amount of grant requested from Comhairle nan Eilean Siar: **£**

Please refer to guidance notes for advice on percentages and caps.

# Section B5: Other support

## Have you applied to any other body for financial assistance or support in this financial year?

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

If Yes, please give details:

|  |  |
| --- | --- |
| **Body and type of assistance or support** | **Amount** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

## 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 B6: 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 B7: Declaration

I hereby apply to Comhairle nan Eilean Siar for payment of the above grant. I have read the Notes for Guidance and I agree to abide by them.

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 |  |  |