

**LAUDER COMMON GOOD FUND
APPLICATION FOR FINANCIAL ASSISTANCE**

<u>Applicant Details</u> Name and Address of Applicant/Organisation: Telephone No:	Lauderdale community council c/o secretary Mrs A Hogarth Mosshouses Galashiels TD1 2PG
Address to which payment should be made:	30 East High Street Lauder TD2 6SU
<u>Activities</u> Please supply a brief description of the activities of your organisation and the benefits it brings to the local community:	The main role of Community Councils is to represent their local area, to consult with local residents, and pass their views on to public sector organisations such as Scottish Borders Council, NHS Borders and the Scottish Executive.
<u>Assistance Requested</u> Please indicate the sum requested and the purpose for which it will be used:	£1000. Ove the past two years, we have organised and paid for a firework night, which has been hugely successfull in bringing the community of Lauder together. We have unexpectedly, been faced with a bill of £218 for insurance, for holding this event and expect that we will have to pay this again this year. Also, SBC have stopped funding Quality of Life, which we used towards supplying the Cornet with a gold pin and being able to maybe offer some financial support to local groups. This has laced our finances in a precarious position and it wold be a shame to discontinue the Bonfire nights, seeing the community gain so much from it.
When will the donation be required:	As soon as.
If this is a one-off project then please give the following details – Date (s): Estimated total cost: Funds already raised by applicant's own efforts: Funds raised or expected to be raised from other	 2 nd November £718 We kept back £500 for Fireworks, but have now had to take into account the insurance premium. Some of this money is held back from our yearly grant from SBC Last year we had a collection and will do the same this year.

sources (please state sources):	
<u>Other information</u> If you have other information which you feel is relevant to this application please provide details including details of any previous assistance given:	
<u>Declaration</u> I hereby make application for assistance as set out above and certify that the information I have provided is accurate Signed: Position Held: Treasurer Date: 15 th October 2019	
Note: All applications from organisations MUST be accompanied by a copy of the latest audited accounts	
This completed form, accounts and any supporting details should be submitted to Fiona Walling, Democratic Services Officer, Scottish Borders Council, Council Headquarters, Newtown St Boswells, TD6 0SA. Email fwalling@scotborders.gov.uk Telephone 01835 826504.	