

Single Application Form

Ref number
(for office use only)

Community Transport Fund 2025/2026

For more information telephone 01738 475000

Different funders have agreed to use this single application form. Please refer to their guidance notes before completing the form. Please type or complete in black ink. This form can be downloaded from the Community Transport section at www.pkc.gov.uk
If you want to provide more detailed information please use an additional sheet.

Section 1 – General information about you

1 What is the name of your group? (please refer to question 24)

2 Name, address, telephone, email (if available) for correspondence

3 What is the purpose/main activities of your group?

4 What type of group are you? (please tick)

Not constituted group

Constituted but not recognised as a charity

Constituted and recognised as a Charity by the Inland Revenue Charity number

Constituted and enrolled with Entrust Entrust number

Constituted and registered for VAT VAT number

School

Other (please specify)

5 Where does your group normally meet and how often?

6 Which geographical area does your group service?

7 Do you have a formal constitution or set of rules?

Yes No

If No, do you require assistance?

Yes No

If Yes, please enclose a copy and list of office bearers (eg Chairperson, Treasurer, Secretary) with contact details.

Section 2 – What you propose to do

8 What type of grant are you applying for?

Revenue

Capital (*Please fill this form and the Additional Information Form for a Capital Grant*)

9 What is the name of the project?

10 Please indicate what you propose to achieve, how you know there is a need and if this application is not successful, what effect would that have?

11 Who are the main beneficiaries and in what way? How will they know about the project?

0-24

25-59

60 plus

All ages

12 Please describe the activities planned and how will you know that you are making progress?

13 When do you want to start and finish?

14 What support do you have from the local community? Do you have local partners involved?

15 Please tell us how will you know that your project is a success? How will you evaluate it?

16 For Events, please estimate the number of participants

	17 years plus	under 17 years
From Perth and Kinross		
Outside Perth and Kinross		
Outside Scotland		
Total		

Section 3 – Financial information

17 Please give a breakdown of the total costs for your project
(Please refer to Additional Information Form if you are applying for a Capital Grant)

Item £

18 How much do you apply for?

19 Contribution from your group (not including awards from other funding bodies)

Cash £
'In kind' £

20 Sources of fund from other funding bodies (please give details)

Funding body	Amount	Date of application	Success	Pending
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 Do you charge users? Yes No If yes, how much?

22 Fundraising activities

Activity £

Total per annum £

23 Please give information relating to your most recent annual accounts

Account year ending (date/month/year)

Total (gross income) £
Minus total expenditure £
Equals surplus/deficit for the year £
Savings (reserves, cash or investments) £

24 Do you have a bank account in the name of the group as stated in question 1?

Yes No

25 If yes to question 24, who from your group can sign cheques for this account?

Name Position

Name Position

26 Payment of Grant

If successful, grant payments are paid directly into your bank account or by cheque. To ensure we are able to make the payment as quickly as possible please provide a copy of a recent bank statement, less than 3 months old.

Section 4 – Health & Safety

27 Do you have public Liability Insurance? Yes No

28 If you have employees, so you have Employers Liability Insurance? Yes No

29 If your group provides services for children or young people do you have in place a Child Protection Policy? Yes No

If yes, please provide a copy. If no, do you need assistance? Yes No

Section 5 – Completion

30 A member of your group must sign this application. I agree to take responsibility for ensuring that this organisation abides by the conditions of the funding bodies providing financial support.

Signature

Date

Important

Your application can only be processed if all the questions on this form are completed, the form is signed by an appropriate person, and we receive all the necessary documents. Please use this checklist to make sure you are sending us everything funding bodies need to consider your application.

All questions are answered completely

You **must** enclose

- A copy of your constitution or set of rules, dated and signed as 'adopted' by your group and a list of office bearers with contact details
- A copy of your most recent Annual Accounts, dated and signed as approved
- Copy of recent bank statement, less than 3 months old
- If you are a new group, a statement of your estimated Income and Expenditure for the first year
- Copies or quotations for the project

Please return this completed form to: publictransport@pkc.gov.uk