A picture containing graphical user interface

Description automatically generatedCommunity and Renewable Energy Scheme (CARES)

**Funding application form**

The application form is divided into two sections.

* **Section 1 Applicant information** - capturing contact details, information about your organisation, and the ambitions you have for your project.
* **Section 2 Project information** - capturing more detail on your project and the amount of funding requested.

Please fully complete the application form. If required highlight any areas where further clarification or support from Local Energy Scotland is needed. Keep your responses clear and concise.

Please always refer to the latest funding guidance on our [website](https://localenergy.scot/), as this confirms eligibility criteria and the current levels of support available. The guidance will change over time and the published guidance at the date of final application submission will be applied to your project.

An [example completed application form](https://localenergy.scot/wp-content/uploads/2022/05/Example-Application-Form-Community-Buildings-v2.docx) with explanatory notes may be available for your project type. This can be particularly helpful when completing the Project Milestones in Section 2 of the application form.

Completed applications (in Microsoft Word format), together with any accompanying documentation, should be emailed to [info@localenergy.scot](mailto:info@localenergy.scot) copying in your existing Local Energy Scotland contact if you have one.

Funding is not confirmed until you receive confirmation approving funding from Local Energy Scotland.

If you have any difficulty completing the application form, please contact us on **0808 808 2288**.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 Applicant information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1** | | **Applicant organisation** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of applicant organisation** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Registered address of organisation** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Postcode** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Local authority area** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Legal status / Organisation structure** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Please provide the following, or state "not applicable". | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration number | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Charity number | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Name of legal parent organisation | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| VAT number | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Is your organisation able to reclaim VAT for costs associated with this project?** | | | | | | | | | | | | | | | | | | | **Yes** | | |  | | | **No** |  |
| Please note: All costs in this application should be exclusive of VAT if you are able to reclaim VAT. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2** | | **Primary contact details** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **First name** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Last name** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Position in (relationship to) organisation** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Email address** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Main phone number** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Alternative phone number** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Correspondence address** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Preferred contact method** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Would you like to receive news and announcements about CARES by email?** | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | **No** |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3** | | **Alternative contact details** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **First name** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Last name** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Position in (relationship to) organisation** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Email address** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Main phone number** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Alternative phone number** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4** | | **Marketing Information** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **How did you find out about this funding?** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.5** | | **Applicant organisation eligibility** | | | | | | | Please refer to our funding guidance for further detail. | | | | | | | | | | | | | | | | | |
| **To confirm applicant organisation eligibility, please provide the following documents:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Governing document** e.g. Constitution | | | | | | | | | | | | | | **Provided** | | | | | | **Yes** | |  | | | **No** |  |
| **Most recent bank statement** | | | | | | | | | | | | | | **Provided** | | | | | | **Yes** | |  | | | **No** |  |
| **Confirmation of organisation’s authorisation for this application** | | | | | | | | | | | | | | **Provided** | | | | | | **Yes** | |  | | | **No** |  |
| For example, meeting minutes recording decision (mandatory where your organisation is unincorporated). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Evidence of Primary Contact Position in Organisation** | | | | | | | | | | | | | | **Provided** | | | | | | **Yes** | |  | | | **No** |  |
| This may be minutes of an AGM, a list of Charity Trustees or an extract from OSCR or Companies House. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A minimum of three unrelated local people must be on your organisation’s management committee / board. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please confirm that this is the case using the appropriate box below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **We confirm there are 3 unrelated, locally based committee or board members.** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| This may be confirmed by Local Energy Scotland at the time of offer, if this application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.6** | **Subsidy control** | | | Please review subsidy control on our [website](https://www.localenergy.scot/subsidycontrol) before answering these statements | | | | | | | | | | | | | | | | | | | | | | |
| The UK has left the EU and EU state aid regulations have been replaced by a new subsidy control regime. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your organisation engaged in economic activities**([apply the Part 1 tests](http://www.localenergy.scot/subsidycontrol)) | | | | | | | | | | | | | | | | | **Yes** | | | | |  | | | **No** |  |
| The answer would be yes if your organisation runs any business, especially from the project location. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your answer is no, it is likely that subsidy control does not apply to your project. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your answer is yes, then it is still possible that subsidy control does not apply to your project. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, does your project meet all the remaining criteria?** ([apply the Part 2 tests](http://www.localenergy.scot/subsidycontrol)) | | | | | | | | | | | | | | | | | **Yes** | | | | |  | | | **No** |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e.g.: Test 4, the economic activity is local in nature and does not involve international trade or investment. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If your answer is yes, then funding support remains possible, but will be subject to subsidy control limits. If your answer is no, it is likely that subsidy control does not apply to your project. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe why you have selected the options above (**max 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you received funding through CARES in the past?** (if "yes" please detail) | | | | | | | | | | | | | | | | | **Yes** | | | | |  | | | **No** |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What would be the impact if a reduced amount or no CARES funding was awarded?** (max 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please state why CARES funding is required and how progress at this time would be impacted without it? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2 Project information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.1** | | **Project summary** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Project title** (please be concise) | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Project no.** (Local Energy Scotland ref.) | | | | | | | | | *Provided by Local Energy Scotland, following submission* | | | | | | | | | | | | | | | | | |
| **Project location name** (or other identifier) | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Project location address** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Postcode** | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Please provide a concise description and summary of your project** (max 250 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please be concise, but please include any background and ambitions related specifically to this project. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.2** | | **Project location / site eligibility** | | | | | | | Please refer to our funding guidance for further detail. | | | | | | | | | | | | | | | | | |
| **To allow us to confirm the project location is eligible, please answer the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **We own the project location and currently have the right to develop.** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| **We plan to own the project location and will have the right to develop.** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| **We rent / lease the project location and can evidence of the right to develop.** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| **We plan to rent / lease the project location and then have the right to develop.** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| Where you have not yet fully secured the right to develop, please describe your circumstances below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be eligible for CARES funding existing sites should be in a state fit for project development. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **One or two recent photographs** (or link to website, or insert below) | | | | | | | | | | | | | | **Provided** | | | | | | **Yes** | |  | | | **No** |  |
| **Please also briefly describe the site location current condition, noting any planned improvements.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your project involve a community building?** | | | | | | | | | | | | | | |  | | | | | **Yes** | |  | | | **No** |  |
| If yes, please answer the following questions. If no, please move to section 2.3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you able to provide an Energy Performance Certificate (EPC)** | | | | | | | | | | | | | | | **Provided** | | | | | **Yes** | |  | | | **No** |  |
| It is important that the local community are welcomed in and not excluded from using your building | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please confirm that the building is open for all local people to use.** | | | | | | | | | | | | | |  | | | | | | **Yes** | |  | | | **No** |  |
| **Please describe how you ensure you are open to the local community and that no-one is excluded.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please be concise, noting a section of your governing document or promotional activity is sufficient. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High utilisation and use by the wider community are particularly important to CARES. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe how the community building is currently used** (include any future plans, if appropriate) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The provision of a list of typical uses and frequencies is preferred. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.3** | | **Project ambitions eligibility** | | | | | | | Please refer to our funding guidance for further detail. | | | | | | | | | | | | | | | | | |
| **Have you read and complied with the requirements of the funding guidance?** | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** |  |
| **If the answer is “No”, please explain why your project is not aligned with the published guidance.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please briefly describe why your project is a good fit for CARES support?** (max 200 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please review the funding guidance on our website | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please select 1 or 2 Local Energy Policy Statement principle(s) that strongly align with your project**  For further information about the Local Energy Policy Statement principles please visit our [website](https://www.localenergy.scot/local-energy-principles) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Theme** | | | **Principle** | | | | | | | | | | | | | | | | | | | | **Tick box** | | | |
| People | | | 1. Early engagement with consumers at the centre | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Consider needs of different groups | | | | | | | | | | | | | | | | | | | |  | | | |
| Places | | | 1. Reflect the local area | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Collaborative and partnership working | | | | | | | | | | | | | | | | | | | |  | | | |
| Networks and infrastructure | | | 1. Resilient and secure systems, which use existing energy infrastructure | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Whole energy system approach | | | | | | | | | | | | | | | | | | | |  | | | |
| Pathway to commercialisation | | | 1. Prioritise viable and replicable projects | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Identify low regret options (ie. low cost/high benefits) | | | | | | | | | | | | | | | | | | | |  | | | |
| Opportunity | | | 1. Create jobs and develop supply chains | | | | | | | | | | | | | | | | | | | |  | | | |
| 1. Re-training and upskilling of Scottish workforce | | | | | | | | | | | | | | | | | | | |  | | | |
| **Please add a short explanation of this alignment below.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Benefit to the local community** (max 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is important that your project benefits the local community. Benefits can be financial and non-financial. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe the local benefits anticipated as a result of your project.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Community engagement** (max 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where appropriate, projects should aspire to be inclusive and encourage action towards net zero. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe your approach to engaging with the wider community at all stages of your project.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.4** | | **Project Delivery** | | | | | | | Please refer to our guidance for further detail. | | | | | | | | | | | | | | | | | |
| **Project delivery** (max 200 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| It is important to understand how you plan to manage your project, who is responsible and their experience. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe your approach to managing this project.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contractor selection** (please also review the contractor selection section within our funding guidance) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To protect the use of public funds and ensure value for money, competitive procurement is always required. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please confirm the following, by checking the boxes to confirm compliance:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procurement of all services will be in accordance with the CARES guidance | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Evidence of appropriate procurement will be provided in advance of any related claims | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Please note that help is available to specify your project, seek quotes and evaluate responses. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you think you may need help in selecting or securing a contractor, please note this here.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.5** | | **Milestones and detailed activities** | | | | | | | Please refer to our guidance for further detail. | | | | | | | | | | | | | | | | | |
| **Milestone 1** Please complete a milestone table for each of your key project milestones. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include activities already started, planned, or even complete where these provide valuable context. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to [example application form](https://www.localenergy.scot/media/111012/application-example-cares-lets-do-net-zero-community-buildings.docx) for guidance on how to complete the milestones. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (concise) **Milestone title** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Overall description.** Please provide a brief narrative to describe your project activities under this milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you reference any evidence used to justify your technology choice / the activities included. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity ref.** | | | | | **1A** | | | | | | **1B** | | **1C** | | | | | | | | **1D** | | | | | |
| **Activity title** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Describe tasks within activity** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Installation scale** (or N/A) | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **System replaced** (or N/A) | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Who will carry out this work?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Outcome / deliverable** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected start date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected end date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Progress to date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Total activity cost (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Estimated or firm cost?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Own or other funding (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Where is this funding from?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES grant request (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES grant intervention %** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Please use the information above to complete the following summary table.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This summary table, if accepted, may be used in the funding offer if your application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall milestone dates** | | | | | **Start Date** | | | | | |  | | **End Date** | | | | | | | |  | | | | | |
| **Overall milestone budget** | | | | | **Total milestone costs** | | | | | | **Total other funding** | | **CARES grant requested** | | | | | | | |  | | | | | |
| Totals (summed) from above | | | | | **£** | | | | | | **£** | | **£** | | | | | | | |  | | | | | |
| Please check if you can reclaim VAT. If you can do not include the VAT cost in the CARES grant request. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Milestone 2** Please complete a milestone table for each of your key project milestones. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include activities already started, planned, or even complete where these provide valuable context. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to guidance and duplicate this table should more milestones or activities be required. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (concise) **Milestone title** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Overall description.** Please provide a brief narrative to describe your project activities under this milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you reference any evidence used to justify your technology choice / the activities included. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity ref.** | | | | | **2A** | | | | | | **2B** | | **2C** | | | | | | | | **2D** | | | | | |
| **Activity title >** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Describe tasks within activity** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Installation scale** (or N/A) | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **System replaced** (or N/A) | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Who will carry out this work?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Outcome / deliverable** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected start date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected end date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Progress to date** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Total activity cost (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Estimated or firm cost?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Own or other funding (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Where is this funding from?** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES grant request (£)** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES grant intervention %** | | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |
| **Please use the information above to complete the following summary table.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This summary table, if accepted, may be used in the funding offer if your application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall milestone dates** | | | | | **Start date** | | | | | |  | | **End date** | | | | | | | |  | | | | | |
| **Overall milestone budget** | | | | | **Total milestone costs** | | | | | | **Total other funding** | | **CARES grant requested** | | | | | | | |  | | | | | |
| Totals (summed) from above | | | | | **£** | | | | | | **£** | | **£** | | | | | | | |  | | | | | |
| Please check if you can reclaim VAT. If you can do not include the VAT cost in the CARES grant request. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Milestone 3** Please complete a milestone table for each of your key project milestones. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include activities already started, planned, or even complete where these provide valuable context. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please refer to guidance and duplicate this table should more milestones or activities be required. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (concise) **Milestone title** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Overall description.** Please provide a brief narrative to describe your project activities under this milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you reference any evidence used to justify your technology choice / the activities included. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Activity ref.** | | | | | | **3A** | | | | | **3B** | | **3C** | | | | | | | | **3D** | | | | | |
| **Activity title >** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Describe tasks within activity** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Installation scale** (or N/A) | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **System replaced** (or N/A) | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Who will carry out this work?** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Outcome / deliverable** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected start date** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Expected end date** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Progress to date** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Total activity cost (£)** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Estimated or firm cost?** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Own or other funding (£)** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Where is this funding from?** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES grant request (£)** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Grant intervention %** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Is a CARES loan required?** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **CARES loan request (£)** | | | | | |  | | | | |  | |  | | | | | | | |  | | | | | |
| **Please use the information above to complete the following summary table.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This summary table, if accepted, may be used in the funding offer if your application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall milestone dates** | | | | | | **Start Date** | | | | |  | | **End Date** | | | | | | | |  | | | | | |
| **Overall milestone budget** | | | | | **Total milestone costs** | | | | | | **Total other funding** | | **CARES grant requested** | | | | | | | | **CARES loan requested** | | | | | |
| Totals (summed) from above | | | | | **£** | | | | | | **£** | | **£** | | | | | | | | **£** | | | | | |
| Please check if you can reclaim VAT. If you can do not include the VAT cost in the CARES grant request. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.6** | | **Electric Vehicle (EV) charge points** | | | | | | | | EV charge points plans can be important. | | | | | | | | | | | | | | | | |
| Whilst we recognise electric vehicle charging can be part of net zero plans, these are not supported here. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| However, any plans involving EV charging can impact energy demand and influence energy system design. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide information about any plans to install EV charge points as part of this project.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Further information about funding is available via the [Energy Saving Trust](https://energysavingtrust.org.uk/grants-and-loans/business-charge-point-funding/) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.7** | | **Additional project information** | | | | | | | Please refer to our guidance for further detail. | | | | | | | | | | | | | | | | | |
| **Do you let or sublet any parts of the project location?** (Excluding bookings) | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** |  |
| **Do your tenants rely on you for energy supply?** | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** |  |
| **Will any consumers be impacted during the delivery of this project?** | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** |  |
| **If any answers are “Yes”, please state any impact and how you plan to protect consumers.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sharing Learning** (could your project, or stages of it, support future projects) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Although not all projects will have significant learnings, we do encourage sharing learning where possible. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please confirm any of the following, by checking the appropriate boxes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We will support the creation of a case study for publication | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| We will hold open days and invite visitors to the project | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| We will share information and data with others, where this supports progression to net zero | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Please list any other activities you intend to undertake to support sharing learning.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Operation and maintenance** (max 200 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe long term considerations for your project, including warrantees, guarantees, insurance etc.. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please describe how you plan to manage, operate, and maintain any installed systems.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.8** | | **Project risks** | | | | | | | Please refer to our guidance for further detail. | | | | | | | | | | | | | | | | | |
| **Approach to risk management** (Max 100 words) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe your approach to managing project risk and how this will be reviewed and reported. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Key risk for each project milestone** | | | | | | | | | For milestones defined above (remove / add as required) | | | | | | | | | | | | | | | | | |
| Highlight the top risk for each milestone, noting any mitigation and the resulting (high, medium, low) impact. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No** | **Milestone** | | | | | | | **Risk** | | | | **Mitigation** | | | | | | | | | | | | **Impact** | | |
| **1** |  | | | | | | |  | | | |  | | | | | | | | | | | |  | | |
| **2** |  | | | | | | |  | | | |  | | | | | | | | | | | |  | | |
| **3** |  | | | | | | |  | | | |  | | | | | | | | | | | |  | | |
|  | Please add rows if more milestones are used or if additional risks are significant. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Any other key risk** (if required) | | | | | | |  | | | |  | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.9** | | **Data protection** | | | | | | | http://www.energysavingtrust.org.uk/privacy | | | | | | | | | | | | | | | | | |
| **Data protection statement** Please note this applies to all project information and all application sections. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Energy Scotland is a consortium made up of Energy Saving Trust and other trusted partners. We are collecting your information for the purpose of assessing and administering your funding application. We may need to contact you for further information to support your application. We will retain your information for monitoring, analysis and targeting, and may contact you, by email and telephone, in the future to assess customer satisfaction. We may share your details with our trusted consortium partners and other contractors appointed by us that support the delivery of this scheme, the Scottish Government who fund the scheme and your local authority to help inform policy and target funding. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For further information on how we use your information, please see Local Energy Scotland’s privacy policy at <https://localenergy.scot/privacy-policy>, or from our Data Protection Officer by writing to Energy Saving Trust, Ocean Point 1, 94 Ocean Drive, Edinburgh, EH6 6JH or emailing [DataProtectionOfficer@est.org.uk](mailto:DataProtectionOfficer@est.org.uk). | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.10** | | **Declaration and signature** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this page, you are confirming that | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the information provided in this application form is accurate, and | | | | | | | | | | | | | | | | | | | | | | | | | | |
| you accept the above Data Protection clause, and | | | | | | | | | | | | | | | | | | | | | | | | | | |
| that you meet the Eligibility Conditions included in the CARES guidance, and | | | | | | | | | | | | | | | | | | | | | | | | | | |
| that you agree to uphold the principles of the [CARES equalities charter](https://www.localenergy.scot/equalities-charter/). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authorised Signatory for Organisation** (Director or Trustee or similar) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Once your application is finalised and reviewed by Local Energy Scotland, we will issue an electronic signature request to you via Adobe Sign unless otherwise agreed. Please also sign this form (electronically) and confirm the authorised signatory and witness email addresses for Adobe Sign purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | *Please insert signature* | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Print Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Position in Organisation** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Email address** (for Adobe Sign) | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Witness signature** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | *Please insert signature* | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Print Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Email address** (for Adobe Sign) | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Unincorporated Organisations** Additional CARES declaration | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A CARES declaration, confirming that any liability risks related to the organisations unincorporated status are understood, will be provided by Local Energy Scotland to the applicant organisation if their application is approved for funding. Completed declarations must be received before the CARES award becomes valid. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The fully complete application form can now be submitted to Local Energy Scotland for review.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please submit this form to [info@localenergy.scot](mailto:info@localenergy.scot) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all sections for accuracy and consistency prior to submission. | | | | | | | | | | | | | | | | | | | | | | | | | | |