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To: ..... Finance Administrator, S64 grants

SC2-GAU Room 610-612 WEL APPENDIX K (MoG para 239(1))

## **S64 GENERAL SCHEME GRANT:**

## AUTHORITY TO PAY

1. One copy of the dated award letter (or two copies when the VO has not been funded within the last 12 months), signed by a designated signatory of this section and countersigned by the VO, containing the full conditions required in Appendix I is attached. Details of the VO and the grant are given below.

Complete all items. Do not leave blanks. Tick boxes \( \Pi \) when required.

2.	Full name of VO	THE MACEARUSINE TRUST			
3.	VO's recognised abbreviation (if none, strike through)				
4.	4. Type of grant -  Core – Complete 5. If this includes a capital grant over £5,000, also complete 7.				
	Complete 5 & 6. If this includes a capital grant over £5,000, also complete 7.				
	☐ Capital (main use Complete 5 & 7	<b>)</b>			
5.	<ul> <li>In the control of the c</li></ul>	ved by Ministers and included in countersigned award letter			
	Year I 2	2°12000 f 51,302 (ane aff)			
	<b>Year 2</b> 20	<b></b>			
	Year 3				
6.	Project grants only Has the project started?  □ Yes: date □ No - details will be obtained & notified to SC2-GAU so that				
	<u></u>	payments can start.			
The award letter must have asked for a start date to be notified to the sponsor section <u>and</u> also have stated that the grant paid in the first year would be pro rata depending on the start date.					
7.	Capital grants only  SC2-GAU approval given in minute dated  VAT included? □ Basic amount without VAT: £  Is the VO registered for VAT? □ Yes □ No				

[Amndt.2]

8. VO's constitutional basis	9. Policy area code: MC		
Tick one box in each column (see application form)	9. Policy area code: NAS.  One from this list		
Charity type Type of organisation	<u>Une pom ma na y</u>		
☐ Trust with trust deed	AD AIDS IT Intermediate		
☑ Charity: ☐ Other	AL Alcohol treatment		
Reg no - Unincorporated Assn	CA Carers LD Learning disabilities		
☐ Limited company *	CC Community MC Medical condition		
298.863 🗖 Industrial &	care MI Mental illness CD Child care/ OP One parent families		
Provident Society *	CD Child care/ OP One parent families  child abuse OT Other		
☐ Excepted Charity ☐ Housing Assn *	CH Child health PH Physical disability		
☐ Exempt Charity ☐ Friendly/	DR Drugs PR Prevention		
☐ Charity Benevolent Society *	EL Elderly SI Sensory impairment		
Commission     Further Education	ET Ethnic SM Smoking		
scheme Institution	FA Family SW Social work		
☐ Royal Charter ☐ Higher Education Institution	HO Homeless VO Volunteering		
226,3026,46,83,788			
*Reg no:			
10. VO's accounting year end			
☑31 March ☐31 December	□ (other)		
11. Payment arrangements			
	If different from the award letter, name and address of		
The VO will be paid by BACS and a headed letter	navee*		
giving bank details is attached.	SC2-SAL have details		
☐ The VO wishes to be paid by post.			
w in vo visios a or para by post.			
	<b>39 3</b> 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	B. If this is a project, attach a copy of the letter		
from the vO confirming	that the project has started.		
	ANN CONTRACTOR OF AN ARCHITECTURE		
☐ Payments CANNOT yet start and I	will notify you later of the start date.		
	* *		
Signed	Date (2/3/2000)		
	Date 18-1/3-12-200		
Name CANGACS LINGS	Section MSD		
[			
Ext GRO-C	Our Registered file ref. 849.21		
NEXT ACTION			
	Authority to Pay on your own section's registered file.		
	* *		
(or two copies if required as in item 1) and the VO's bank details.			
	- when written evidence is received from the VO		
of the start of the project, send a copy to SC2-GAU together with a covering minute			

authorising the start of payments.

[Amndt.2]