



MACCLESFIELD TOWN COUNCIL

Large Community Grant Application Form Grants from £250 up to £2,000

1. Contact details

Applicant name:	
Position in organisation:	
Organisation:	
Address:	
Contact number:	
E-mail address:	
Contact address (if different from above):	
Telephone number:	
Website:	

Senior contact name (this must be your chair, secretary, treasurer or a senior member of your committee and different from above):	
Contact address:	
Telephone number:	
E-mail:	
Position in organisation:	

The personal data collected on this form is used for the sole purpose of processing the grant application and will not be shared with a third party without your consent.

For further information on how Macclesfield Town Council processes personal data, please view our privacy policy at www.macclesfield-tc.gov.uk or call 01625 374142.



2. Details

Organisation Name:	
Location of organisation:	

3. Organisation profile

How would you describe your organisation? Please tick all boxes that apply	
Registered charity <input type="checkbox"/> Voluntary organisation <input type="checkbox"/> Community group <input type="checkbox"/>	
Please supply your registration number:	
Company Limited by Guarantee <input type="checkbox"/> Not for profit organisation <input type="checkbox"/>	
Social enterprise <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please describe:	
How long has your organisation been in existence?	
What does your organisation do? (A summary of this information will be used on our website if your application is successful) Maximum of 50 words:	
Does your organisation:	
Own its own land/premises/facilities	<input type="checkbox"/>
Hire private land/premises/facilities	<input type="checkbox"/>
Hire local authority land/premises/facilities	<input type="checkbox"/>
Lease the land/premises/facilities	<input type="checkbox"/>



MACCLESFIELD TOWN COUNCIL

Please give details of lease expiry date/length of lease:

How many staff, paid or otherwise, are involved with your organisation?

Number of paid staff Full time Part time Casual

Number of unpaid staff Full time Part time Casual

4. Previous funding

Has your organisation received a Grant from Macclesfield Town Council before?

Yes No

If yes, please tell us when and how much was awarded:

How did you hear about the Community Grant Scheme?

5. Your project/activity/event

Date of activity/event or anticipated start date of project:

Name of project (maximum 10 words):

Briefly describe what the grant you are requesting is required for and why it is needed (maximum 150 words):

If you are successful with your application, please describe what your project/event/activity will achieve and what difference it will make to your organisation/area, how it will extend/develop community activity and how it meets the criteria listed in the Policy for the Allocation of Community Grants (maximum 150 words):



Empty rectangular box for text input.

How will your project or service be sustained in the future? Maximum 50 words):

Empty rectangular box for text input.

If your application is for an event and you make a profit, please state how this will be used:

Empty rectangular box for text input.

6. Projected expenditure

Please estimate your total project costs and provide brief details. Use a separate sheet if necessary and provide quotes.

New build/refurbishment	£	
Furniture/fixtures/fittings (details)	£	
Equipment purchase (details)	£	
Equipment hire (details)	£	
Premises/facility hire (details)	£	
Materials (details)	£	
Advertising/marketing/publicity	£	
Workshops/seminars/training	£	
Other (details)	£	
Total cost	£	



7. Projected income

Please specify match funding from other sources (external grants, own contribution etc). Macclesfield Town Council will take into account your ability to obtain funding from other sources and from your own existing funds when recommending an award.

	Amount	Applied for (√) and expected to hear date	Confirmed (√)
Total project cost			
Matched funding amount (Grants etc.)			
Own existing funds/fundraising			
Projected income from ticket sales etc.			
Other Local Authority e.g. Borough/Town Parish			
Sponsorship (Please specify)			
Donations (please specify)			
Non-cash or in-kind contributions			
Total projected income			
Amount requested from Macclesfield Town Council			
Balance outstanding			

If there is a balance outstanding or you are not awarded the full amount requested from Macclesfield Town Council, please state how the shortfall will be covered or whether the project will be delayed:

Please provide a summary of your most recent accounts and whether the figures are:

A projection because the organisation has been running less than 15 months

Information from the organisations latest accounts



Account Year Ending:	
Total income for the year:	£
Total expenditure for the year:	£
Surplus or deficit:	£
Total savings or reserves in the bank at year end:	£
Please state organisation's bank account name (who the cheque should be made payable to):	
If your organisation is VAT registered, please supply your VAT number:	

8. Project beneficiaries

Please tell us the total number of people you expect to access your event, activity or facility:
Please tell us which groups will benefit from your project (i.e. age, disability, ethnicity, disadvantaged etc.):
Does your organisation restrict access on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide more information about why you restrict access:
Please tell us which geographical area (whole parish or ward(s)) will benefit <u>most</u> from your project, event or activity:

9. Supporting documentation

Please tick if you have the following documents. You do not need to send these documents in with your application (apart from your Governing Document and Safeguarding Policies, which must be supplied by e-mail or post within 7 days of submitting this application) but we may request copies at a later date.
--



Up to date Annual accounts/income and expenditure	<input type="checkbox"/>		
Copy of your Governing Document (signed)	<input type="checkbox"/>		
Planning permission	<input type="checkbox"/>	Safeguarding policies	<input type="checkbox"/>
Relevant insurances	<input type="checkbox"/>	Quotes/estimates for equipment	<input type="checkbox"/>
Affiliation to a Governing Body	<input type="checkbox"/>	Equalities and Inclusion Policy	<input type="checkbox"/>

10. Data Protection

Please ensure that you read this section before submitting your application.

Part or all of the information you supply to us will be held on computer. This information will be used for the administration of grant applications and for statistical analysis. Copies of this information will be given, where necessary, to individuals we consult with when assessing applications and for monitoring grants. You have the right to view information we hold on you and to have any errors or inaccuracies corrected.

For transparency purposes, information about grant applications will be added to our website and made available to the local press. The press may request contact details of someone able to provide additional information. If you would object to your name and contact details being passed on for this purpose, please tick this box

11. Declaration

I hereby certify that to the best of my knowledge, all the information contained within this application is correct. I confirm that I understand, agree and accept the terms and conditions of the grant as set out in the Policy for the Allocation of Community Grants.	
1 st Signature: Date:	Position in organisation:
2 nd Signature: Date:	Position in organisation: