



Ref. No:
CG

Community Grant Application Form

This application form should be completed in conjunction with the Guidance Notes and the Policy for the Allocation of Community Grants

1. Grant Category		
Please indicate the type of grant you are applying for (tick one box only)	Max. Grant	Tick
Facilities Buildings used for community purposes, open spaces, sports and play areas etc.	Up to £2,000	
Activities Activities which contribute to the development and wellbeing of the community and are ongoing throughout the year.	Up to £500	
Events Events that are classed as one-off annual events which benefit whole communities and include these communities in the organisation and planning of events.	Up to £500	

2. Contact Details	
Organisation name:	
Address:	
	Postcode:
Main contact for this application (name):	
Position in organisation:	
Contact address (if different from above):	
	Postcode:
Telephone No:	
Email:	
Website:	
Senior contact for this application (name):	
This must be your chair, secretary, treasurer or a senior member of your committee and different from above.	



Contact address	
	Postcode:
Telephone No:	
Email:	
Position in organisation:	

3. Organisation Profile

How would you describe your organisation? Please tick all boxes that apply

Registered Charity Voluntary Organisation Community Group

Please supply your Registration Number

Company Limited by Guarantee Not-for-Profit Organisation Social Enterprise

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

Hire private land/premises/facilities

Hire Local Authority land/premises/facilities

Lease the land/premises/facilities

date/length of lease below)

(please give details of lease expiry



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

Number of paid staff Full Time Part Time Casual

Number of unpaid staff/volunteers Full Time Part Time Casual

4. Previous Funding

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

Yes No

If yes, please state when and how much was awarded.

Amount £ Awarded in (date): Type of grant:

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 receive a grant, describe what your project/activity/event 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

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

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

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 (<i>details</i>)	£	
Equipment purchase (<i>details</i>)	£	
Equipment hire (<i>details</i>)	£	
Premises/facility hire (please give breakdown by cost per week)	£	
Materials (please give details)	£	
Advertising/marketing/publici ty	£	
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			
Own existing funds/fundraising			
Projected income from ticket sales etc.			
Town / Parish Council			
Sponsorship (Please specify)			
Donations (please specify)			
Grants i.e. Lottery, WREN etc (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 below are:

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

Information from the organisation's latest accounts



Account Year Ending:	
Total Income for the year	£
Total expenditure for the year	£
Surplus or deficit	£
Total savings or reserves at 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. Your 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 No

If yes, please give us more information about why you restrict access:



Please tell us which geographical area ((whole parish or ward(s)))will benefit most 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 email 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"/> | Safeguarding Policies | <input type="checkbox"/> |
| Copy of your Governing Document (signed) | <input type="checkbox"/> | Quotes/Estimates for equipment | <input type="checkbox"/> |
| Planning Permission | <input type="checkbox"/> | Affiliation to a Governing Body | <input type="checkbox"/> |
| Relevant Insurances | <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 and 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 2015/16 dated 7th July 2015.

1st Signature:
Date:

Position in organisation:

2nd Signature:
Date:

Position in organisation:



12. Submitting Your Application

Before submitting your application you must tick all the boxes below to confirm that:

- You have answered all questions on the application form.
- You have included a signed copy of your Governing Document
- You have included copies of your Safeguarding Policies.
- You have included relevant quotes / estimates.
- You (the main contact named in section 1 of this application form) are authorised to apply for a grant from Macclesfield Town Council on behalf of your organisation.
- You understand that if you make any seriously misleading statements (whether deliberate or accidental) at any stage during the application process, or knowingly withhold any information, this could make your application invalid and you could be liable to repay the grant to the Council.
- If we make a conditional offer to your organisation you will supply all relevant documents or information within 20 working days and accept that we may withdraw the grant offer if this is not adhered to.
- You have read and are able to comply with the terms and conditions of the grant, which are the terms and conditions set out in the Policy for the Allocation of Community Grants, and further that you understand that any grant offer will be made subject to your confirming that you understand, agree and accept those terms and conditions.

Application forms should be returned:

By post: Macclesfield Town Council, Macclesfield Town Hall, Macclesfield, SK10 1EA

By email: clerk@macclesfield-tc.gov.uk

If you have any questions concerning your application please visit (website to be confirmed), use the contact details above or phone (number to be confirmed).

- **Applications will be considered at the next available Finance Committee meeting**

You will be informed of the outcome of your application approximately 6 weeks after the closing date.