**MACCLESFIELD TOWN COUNCIL**

Small Community Grant application form

Grants up to £250

1. **Contact details**

|  |  |
| --- | --- |
| Applicant name: |  |
| Organisation: |  |
| Address: |  |
| Contact number: |  |
| E-mail address: |  |

Community for Voluntary Services Cheshire East (CVSCE) is a registered charity and independent organisation that provides support and services to groups. CVSCE provides support to Macclesfield Town Council’s grant programme by reviewing completed grant application forms to ensure they meet the criteria set out in the Council’s Grants and Funding Policy. For more information, please refer to the policy.

CVSCE can also offer guidance on completing the application form.

# Consent

I agree for this form to be shared with CVSCE for the purposes of evaluating the application against Macclesfield Town Council’s criteria for grants:

Yes / No

I agree to CVSCE contacting me by the following methods to provide feedback or offer additional support on completing this application:

Postal address Yes / No

Email address Yes / No

Phone Yes / No

|  |  |
| --- | --- |
| Signature: | Date: |

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

1. **Project details**

|  |  |
| --- | --- |
| Organisation: |  |
| Location of organisation: |  |

|  |  |
| --- | --- |
| Project name: |  |
| Short project description: |  |
| If you receive a grant, briefly tell us what difference it will make to your organisation/area: |  |

1. **Project cost**

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| --- | --- |
| Total cost of project: |  |
| Amount requested from Macclesfield Town Council: |  |
| Amount of any confirmed match funding (this is preferred but not essential) |  |
| Outstanding balance: |  |
| If there is a balance outstanding, please tell us how the shortfall will be met: |
| Please state organisations bank account name (who the cheque should be made payable to): |

1. **Project beneficiaries**

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| Please tell us how many people you expect to benefit if you were successful with your community grant application: |
| Please tell us which geographical area will benefit most from your project or activity: |

1. **Supporting documentation**

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| 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  |  |
| Copy of your Governing Document (signed) |  |
| Planning permission |  |
| Relevant insurances |  |
| Safeguarding policies |  |
| Quotes/estimate for equipment |  |
| Affiliation to a Governing Body |  |
| Equalities and Inclusion Policy |  |

1. **Data protection**

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| --- |
| 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  |

1. **Declaration**

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| --- |
| 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 this grant as set out in the policy for the Allocation of Community Grants. |
| Signed: |  |
| Date: |  |
| Name: |  |
| Position in group: |  |