

Grant summary

Organisation

Broken Cross Methodist Church

Funding request

The group are requesting funding towards the Broken Cross Dementia Café.

Total cost

£840

Grant requested

£250

The difference between the total cost and the grant requested will be bridged by the church.



**Macclesfield Town Council
Small Community Grant application form**

Grants up to £250

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.

Contact details

Please complete table 1.

Table 1 Contact details

Applicant name:	[REDACTED]
Organisation:	BROKEN CROSS METHODIST CHURCH
Address:	[REDACTED]
Contact number:	[REDACTED]
E-mail address:	[REDACTED]

Project details

Please complete table 2.

Table 2 Project details

Organisation:	BROKEN CROSS METHODIST CHURCH
Location of organisation:	as above
Project name:	ABCD - A Broken Cross Dementia Club
Short project description:	a club/cafe for people with dementia and their carers
If you receive a grant, briefly tell us what difference it will make to your organisation/area:	The grant will enable us to offer structured music & rhythm by a local lady who charges £35 per session & is dementia-specific & really positive for the club. The grant would

help to secure the services for a further 6-12 months

Project cost

Please complete table 3.

Table 3 Project cost

Total cost of project:	12 months (24 sessions) = £540 (6 months £420)
Amount requested from Macclesfield Town Council:	£250 (or £500 if available)
Amount of any confirmed match funding (this is preferred but not essential)	The church will match the council's grant - £250 (or £500 if needed)
Outstanding balance:	£25 NIL
If there is a balance outstanding, please tell us how the shortfall will be met:	Fundraising & support from church members.
Please state organisations bank account name (who the cheque should be made payable to):	Broken Cross Methodist Church.

Project beneficiaries

Please complete table 4.

Table 4 Project beneficiaries

Please tell us how many people you expect to benefit if you were successful with your community grant application:	The club can cater for up to 24 (+ carers), total 48. There are currently up to 16 (8 pairs) attending. Club opened in June and meets twice a month.
Please tell us which geographical area will benefit most from your project or activity:	Broken Cross, & Macclesfield (the club is open to all in Macclesfield).

Supporting documentation

Please complete table 5 to indicate if you have the supporting 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.

Table 5 Supporting documentation

Up to date Annual accounts/income and expenditure	✓
Copy of your Governing Document (signed)	✓
Planning permission	✓ N/A
Relevant insurances	✓
Safeguarding policies	✓
Quotes/estimate for equipment	✓ N/A
Affiliation to a Governing Body	✓
Equalities and Inclusion Policy	✓

Data protection and consent

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

Grant application administration

Part or all of the information you supply to us will be held on our IT system. This information will be used for the administration of grant applications and for statistical analysis.

Copies of your application, but with personal details redacted, will be provided at the relevant council meeting for consideration of awarding the grant.

For transparency purposes, information about successful grant applications is added to our website and made available to the local press. The press may request contact details of someone able to provide additional information.

Please indicate below if you consent to us passing on your name and email address to the local press for this purpose.

Yes / No Yes (but not my mobile, thanks!)

Grant application support

Please indicate below if you 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

Please indicate below if you agree if you 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

Declaration

Please complete table 6.

I 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 Grants and Funding Policy.

Table 6 Declaration

Signed:	[Redacted]	
Date:	[Redacted]	
Name:	[Redacted]	
Position in group:	Minister & Chair of Church Council (Trustees)	

Return to Macclesfield Town Council, Macclesfield Town Hall, Macclesfield SK10 1EA

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.