**Macclesfield Town Council**

**Large Community Grant application form**

Grants from £250 up to £2,000

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.

# Your Contact details

Please complete table 1.

**Table 1 Contact details**

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

# Contact details for senior member of the organisation

This must be the chair, secretary, treasurer or a senior member of your committee and different from above.

Please complete table 2.

**Table 2 Contact details for senior member of the organisation**

| Senior contact name: |  |
| --- | --- |
| Contact address: |  |
| Telephone number: |  |
| E-mail: |  |
| Position in organisation: |  |

# Organisation profile

Please complete table 3 to describe your organisation profile, selecting Yes or No where applicable.

**Table 3 Organisation profile**

| Registered charity: | Yes / No |
| --- | --- |
| Registration number: |  |
| Voluntary organisation: | Yes / No |
| Community group: | Yes / No |
| Company Limited by Guarantee:  | Yes / No |
| Not for profit organisation: | Yes / No |
| Social enterprise:  | Yes / No |
| Other: |  |
| 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: |  |

Please complete table 4 on your organisation’s land, premises and facilities, selecting Yes or No where applicable.

**Table 4 Land, premises and facilities**

|  |  |
| --- | --- |
| Own its own land/premises/facilities | Yes / No |
| Hire private land/premises/facilities | Yes / No |
| Hire local authority land/premises/facilities | Yes / No |
| Lease the land/premises/facilities | Yes / No |
| Please give details of lease expiry date/length of lease |  |

Please complete table 5 to indicate how many staff, paid or otherwise, are involved with your organisation.

**Table 5 Number of staff/volunteers**

|  |  |
| --- | --- |
| Number of full time paid staff  |  |
| Number of part time paid staff  |  |
| Number of casual paid staff  |  |
| Number of volunteers  |  |

# Previous funding

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

Please complete table 6, selecting Yes or No where applicable.

**Table 6 Previous funding**

|  |  |
| --- | --- |
| Previous funding from Macclesfield Town Council | Yes/No |
| If yes, please tell us when and how much was awarded: |  |
| How did you hear about the Community Grant Scheme? |  |

# Your project/activity/event

Complete table 7 to describe you project, activity or event.

**Table 7 Project/activity/event description**

|  |  |
| --- | --- |
| 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): |  |
| 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: |  |

# Projected expenditure

Complete Table 8 with estimates of your total project costs and provide brief details. Use a separate sheet if necessary and provide quotes.

Please ensure that table 8 and table 9 add up to the same amount.

**Table 8 Projected expenditure**

| **Item** | **Estimated cost** | **Details** |
| --- | --- | --- |
| New build/refurbishment |  |  |
| Furniture/fixtures/fittings |  |  |
| Equipment purchase  |  |  |
| Equipment hire |  |  |
| Premises/facility hire |  |  |
| Materials |  |  |
| Advertising/marketing/publicity |  |  |
| Workshops/seminars/training |  |  |
| Other |  |  |
| **Total Cost** |  |  |

# Projected income

Complete Table 9 to specify match funding from other sources (external grants, own contribution etc), selecting Yes or No where applicable.

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.

**Table 9 Projected income**

| **Item** | **Amount** | **Applied for and expected to hear date** | **Confirmed** |
| --- | --- | --- | --- |
| Matched funding amount (Grants etc.) |  | Yes/No | Yes/No |
| Own existing funds/fundraising |  | Yes/No | Yes/No |
| Projected income from ticket sales etc. |  | Yes/No | Yes/No |
| Other Local Authority e.g. Borough/Town Parish |  | Yes/No | Yes/No |
| Sponsorship (Please specify) |  | Yes/No | Yes/No |
| Donations (please specify) |  | Yes/No | Yes/No |
| Non-cash or in-kind contributions |  | Yes/No | Yes/No |
| **Total projected income** |  |  |  |
| **Amount requested from Macclesfield Town Council** |  |  |  |
| **Balance outstanding** |  |  |  |
| **Please state exactly what the town council funding will pay for:** |
| **If there is a balance outstanding or you are not awarded the full amount requested from Macclesfield Town Council, state below how the shortfall will be covered or whether the project will be delayed:** |

# Accounts summary

Answer the questions below and complete Table 10 to summarise the organisation’s most recent accounts.

Are the figures a projection because the organisation has been running less than 15 months? Yes/No

Are the figures from the organisation’s latest accounts? Yes/No

If your organisation is VAT registered, please supply your VAT number:

**Table 10 Accounts summary**

|  |  |
| --- | --- |
| 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: |  |

# Bank details

Complete Table 11 with the organisation’s bank details.

**Table 11 Bank details**

|  |  |
| --- | --- |
| Organisation’s bank account name (payee name): |  |
| Organisations bank account sort code and account number: |  |

# Project beneficiaries and equality

Complete Table 12, selecting Yes or No where applicable.

**Table 12 Project beneficiaries and equality**

|  |  |
| --- | --- |
| Total number of people you expect to access your event, activity or facility: |  |
| Which groups will benefit from your project (i.e. age, disability, ethnicity, disadvantaged etc.)? |  |
| Which geographical area (whole parish or ward(s)) will benefit most from your project, event or activity? |  |
| Does your organisation restrict access on the grounds of age? | Yes/No |
| Does your organisation restrict access on the grounds of disability? | Yes/No |
| Does your organisation restrict access on the grounds of gender reassignment? | Yes/No |
| Does your organisation restrict access on the grounds of marriage and civil partnership?  | Yes/No |
| Does your organisation restrict access on the grounds of pregnancy and maternity?  | Yes/No |
| Does your organisation restrict access on the grounds of race?  | Yes/No |
| Does your organisation restrict access on the grounds of religion and belief?  | Yes/No |
| Does your organisation restrict access on the grounds of sex? | Yes/No |
| Does your organisation restrict access on the grounds of sexual orientation? | Yes/No |

# Supporting documentation

Please complete Table 13, selecting Yes or No to indicate if you have the documents.

You do not need to send these documents in with your application (apart from your Governing Document, which must be signed, and Safeguarding Policies, to 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  | Yes/No |
| Governing Document  | Yes/No |
| Safeguarding policies | Yes/No |
| Relevant insurances  | Yes/No |
| Quotes/estimates for equipment  | Yes/No |
| Affiliation to a Governing Body  | Yes/No |
| Equalities and Inclusion Policy  | Yes/No |
| Planning permission  | Yes/No |

# Data Protection

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

## 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 13 – two signatories are required.

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 13 Declaration**

| Signed: |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Position in group: |  |

| Signed: |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Position in group: |  |

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](http://www.macclesfield-tc.gov.uk) or call 01625 374142.