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| |  |  | | --- | --- | | Logo, icon  Description automatically generated | Community Grants | |

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| 1. Organisation Name | Click here to enter text. | |
| Give a brief description of group and its activities: | | |
| Click here to enter text. | | |
| 2. Who is the main Contact for this Application? | | |
| Name | Click here to enter text. | |
| Address | Click here to enter text. | |
| Email | Click here to enter text. | |
| Telephone Number | Click here to enter text. | |
| Position in Organisation | Click here to enter text. | |
| 3. Bank Account Details | | |
| Bank Account Name | Click here to enter text. | |
| Sort Code | Click here to enter text. | |
| Account Number | Click here to enter text. | |
| 4. Provide a summary from your most recent accounts | | |
| Accounting year ending | | Click here to enter a date. |
| Total Income for the Year | | £0.00 |
| Total Expenditure for the year | | £0.00 |
| Surplus or deficit at the year end | | £0.00 |
| Total savings or reserves at the year end | | £0.00 |
| Is your organisation VAT registered | |  |

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| 5. About your Project | | | | | | | |
| **Project Name** | | Click here to enter text. | | | | | |
| **(a) What project or activities do you want us to fund?** | | | | | | | |
| Click here to enter text. | | | | | | | |
| The Community Council can only fund projects that fit with our overall objectives and purpose. Please state which objectives you feel are relevant to your project. | | | | | | | |
| A | The advancement of community development & regeneration through education, the arts, heritage, culture & sport. | | | | | | |
| B | The advancement of community health and well-being. | | | | | | |
| C | The advancement of environmental protection or improvement, including sustainability. | | | | | | |
| D | The provision and organisation of recreational facilities for the benefit of all of the above | | | | | | |
|  | | | A | B | C | D |  |
| (b) Please tick the objectives that apply to your application | | |  |  |  |  |  |
| **(c) Please describe how your proposed project meets the objectives you have selected** | | | | | | | |
| Click here to enter text. | | | | | | | |
| **(d) Please describe the expected results from your project, and how its success can be measured** | | | | | | | |
| Click here to enter text. | | | | | | | |

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| (e) How much will your project cost? | | |
| Item or activity | Estimate or Quote | Cost |
| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
| Click here to enter text. | Click here to enter text. | £Click here to enter text. |
| **TOTAL** | | £Click here to enter text. |

|  |  |
| --- | --- |
| (f) Amount of funding required from MCTCC Community Grants | £Click here to enter text. |

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| --- | --- |
| (g) How many of your group’s members live in the MCTCC area |  |
| What is your total membership |  |

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| --- | --- | --- | --- |
| (h) Have you applied to any other organisations for funding? | |  | |
| Tick if Yes, and Please give details: | | | |
| Organisation Name | Amount of funding applied for | | Approved or Declined |
| Click here to enter text. | Click here to enter text. | |  |
| Click here to enter text. | Click here to enter text. | |  |
| Click here to enter text. | Click here to enter text. | |  |
| Click here to enter text. | Click here to enter text. | |  |
| Click here to enter text. | Click here to enter text. | |  |
| Click here to enter text. | Click here to enter text. | |  |

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| How much will your organisation contribute towards this project? | Click here to enter text. |
| Please include with your Application: | |
| A copy of your constitution |  |
| Copies of any relevant policies i.e. Child Protection |  |
| A copy of the previous 2 years annual accounts |  |
| Copies of quotes for items/services that are to be funded |  |

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| --- |
| I declare that all information within this form is correct |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed | Click here to Sign your Name | Date | Click here to enter a date. |

This Form should be returned to MCTCC Community Grants

Email: grants@mctcc.scot

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| For further information please look at the funding section on the [MCTCC](https://mctcc.scot/) website |