GRiffin and CALLiachar MICRO grant application

Please read the guidelines before completing this form.

**All sections must be completed, and form returned to your Community Council.**

|  |  |
| --- | --- |
| **Name** |  |
| **Are you applying as a group or as an individual?** |  |
| **Contact name (for groups)** |  |
| **Contact address** |  |
| **Contact email** |  |
| **Contact telephone** |  |
| **In which community council area does your group work?** | [ ]  **Aberfeldy**[ ]  **Dull and Weem**[ ]  **Dunkeld and Birnam**[ ]  **Kenmore and District**[ ]  **Mid Atholl, Strathtay and Grandtully** |
| **When was the group established?** |  |
| **What are the main activities of your group/what service do you provide?** |  |
| **Do you have a constitution?** |  |
| **Are you a registered charity? If so, please provide charity number.** |  |
| **Total income last accounting year?****(New groups: projected income in first year)** | **Total Surplus/Deficitlast accounting year?** | **Current unrestricted reserves** |
| £ | £ | £ |
| **Please describe the project you are looking for funding for?** |
|  |
| **How will the project help the community?** |
|  |
| **How many people will benefit?** |  |
| **How much funding are you looking for?** | **What is the total cost of the project?** | **When will the project take place?** |
| **£** | **£** |  |
| **Will you be contributing any of your own funds to the projects or undertaking local fundraising to help meet the costs? If so, please state how much and how these funds have been raised.** |
|  |

**Declaration**

By submitting this application form you certify that the information contained in this application is correct, and that if you are awarded a grant, you will use it only for the purposes described above. You understand that decisions made by the Community Council are final.

Signed:  Date: