

Griffin and Calliachar Community Fund

Micro Grant Application Form

Please read the guidelines before completing this form.

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

About your organisation

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| **Section 1: Contact details** |
| Your name |  |
| Are you applying as an individual or a group? |  |
| Contact name (for groups) |  |
| Website (for groups) |  |
| Email address |  |
| Telephone | Daytime Alternative  |
| Correspondence address(including postcode) |   |
| Organisation address(if different from above) |  |
| In which Community Council area do you live or does your group work? |  |
| In which community council area(s) will the project take place? **(Please indicate all that apply)** | **⃝ Aberfeldy****⃝ Dull and Weem****⃝ Dunkeld and Birnam****⃝ Kenmore and District****⃝ Mid Atholl, Strathtay and Grandtully** |

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| **Section 2: About your organisation (Individuals do not need to complete this section)** |
| When was your group established? |  |
| Do you have a signed constitution?  |  |
| Are you a registered charity? If yes, please provide charity number. |  |
| Total income last accounting year?(New groups: projected income in first year) | Total Surplus/Deficitlast accounting year? | Current unrestricted reserves |
| £ | £ | £ |
| What are the main activities of your organisation/what service do you provide? |  |
| **Section 3: Grant application** |
| Please describe the project you are looking to fund. |  |
| How will this project benefit the community?  |  |
| How much are you applying to the fund for? | How much does your project cost? | 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.  |  |
| If applicable, please provide details of the other sources of funding you have applied for (or intend to apply for) towards this project. Please also note the current status of each application. |  |
| How many people will benefit? |  |
| What will happen if we can’t award you this grant? |  |
| **Declaration**By submitting this application form to your Community Council 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: |