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| Please read the guidelines before completing this form | **Biggar Community Council – Incentive Fund** |
|  | Micro-Grants/Sponsorship/Prize Application Form (Up to £100) |

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| **All sections must be completed and form must be returned to your local Community Council.****Neil Ingram, 2 Covenanters’ Way, Biggar ML12 6ZD or email biggarcc@gmail.com** |

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| Section 1: Contact details |
| Name of Group or Individual applying? |  |
| Contact name (for groups) |  |
| Website (for groups) |  |
| Email address |  |
| Telephone |  |
| Correspondence address (including postcode) |  |
| Organisation address (if different from above) |  |
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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. |  |
| Financial Information – NOTE this should be supported by a copy of your organisations most up to date approved accounts. | **Total income last accounting year?****(New groups: projected income in first year)** | **Total +Surplus or -Deficit** **last accounting year?** | **Current unrestricted reserves (Refer to guidance notes)** |
|  | £ | Surplus £Deficit £Delete as appropriate | £ |
| What are the main activities of your organisation/what service do you provide? |  |

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| Section 3: Grant application |
| Details of Micro-Grant Requested:Please provide details of your project – what activities will you carry out? |   |
| How will this project benefit the community?  |  |
| About your project: | How much are you applying to the Fund for? (Up to £100) | How much does your project cost? | When will the project take place’? |
|  | £ | £ | Date: |
| What will the micro-grant be used to pay for? (Please provide a cost breakdown) |  |
| Please confirm that you have not received funding from other BCC administered micro-grants. |  |
| What will happen if we can’t award you this grant? |  |
| Declaration I certify that the information contained in this application is correct, and that I am authorised to make the application on behalf of the above group / individual. Please tick this box to confirm that you have not already ordered, been invoiced for, or paid for items covered by this grant. We cannot award microgrants retrospectively for expenses which have already been incurred. Please tick this box to acknowledge that receipts for expenditure must be provided to BCC, if requested. Please tick this box to acknowledge that if your application is successful BCC may use your approved grant/project as an example in future BCC Newsletters or in BCC promotions (we will not share your contact details).  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please send your completed application to Biggar Community Council. Contact details are at the top of this form.    |