Clyde Windfarm Extension Fund

Micro Grant Application Form

Please read the guidelines before completing this form.

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

**Neil Ingram, 2 Covenanters’ Way, Biggar ML12 6ZD or email to biggarcc@gmail.com**



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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 | |  | | |
| Correspondence address (including postcode) | |  | | |
| Organisation address  (if different from above) | |  | | |
| In which Community Council area do you live or does your group work? | |  | | |
| **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** | | | |
| Please describe the project you are looking for Clyde Windfarm Extension Fund to fund.  You should include here a breakdown of the costs for which you seek support. |  | | |
| How will this project benefit the community? |  | | |
| About your project: | How much are you applying to the Fund for? | How much does your project cost? | When will the project take place’? |
|  | £ | £ | Date: |
| 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. |  | | |
| 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.  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. See top of form for contact details. | | | |