



Melksham Town Council

Town Hall, Melksham, Wiltshire, SN12 6ES

Tel: (01225) 704187 Email: grants@melksham-tc.gov.uk

Grants Application Form

Please read the Melksham Town Council Grants Policy before completing this form

Please tick to say which grant your application is for

| | |
|---------------------------|--|
| Regular Grant up to £1000 | |
| Room Hire Grant | |
| | |
| £ | |

How much are you applying for in this application?

1. ORGANISATION/GROUP'S NAME

2. APPLICANTS DETAILS (Give details of a representative for correspondence)

| | | | |
|------------|--|--------|--|
| NAME: | | | |
| ADDRESS: | | | |
| TELEPHONE: | | EMAIL: | |

3. ABOUT YOUR ORGANISATION

Does your organisation:

Have its own bank account, with two unrelated signatories?

Yes/ No

Have at least three members on its management committee?

Have a constitution, terms of reference or set of rules? *(please ask for help with this if needed)*

Are you a registered charity? Yes/No: If so, please give your charity number:

Is your organisation part of, or affiliated to, a larger organisation? If so, which:

Please circle the categories that best describe your organisation?

- | | |
|---|---|
| <ul style="list-style-type: none">• Charitable Organisations• Youth Group• Senior Citizen Group• Sports Clubs and Arts Groups• Advice Organisations | <ul style="list-style-type: none">• Organisations assisting the disabled• Minority Groups• Community buildings• Community events• Health/transport/safety groups• Other (please explain) |
|---|---|

4. AIMS AND OBJECTIVES OF YOUR ORGANISATION:

What does your organisation do and how does it benefit the residents of Melksham?

5. THE PROJECT

In ONE SENTENCE please describe what the funding is being requested for:

If needed, please elaborate here with further details

How will this benefit the community or people of Melksham?

What evidence do you have that this project/service is required in Melksham?

What evidence do you have of adverse effects on the community if your project does not go ahead?

6. BENEFICIARIES

How many people in total will benefit from this grant?

How many of the beneficiaries are residents of Melksham Town?

Please use the attached map which indicates the Melksham Town boundary.

Please explain how you calculated the number of beneficiaries within the Melksham Town boundary.

7. FINANCIAL INFORMATION

ESTIMATED TOTAL COST OF PROJECT £

GRANT AID REQUESTED FROM MTC £

What are your current or planned subs/fees/charges?

How will you spend the grant money you are applying for?

Please remember that Melksham Town Council do not normally give grants for running costs unless there are exceptional circumstances.

| Item | Amount |
|--------------|----------|
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| Total | £ |

How else are you funding your project?

Please include grants from other organisations, fund raising and existing reserves.

Please note that projects must be match funded if over £250 (voluntary time can be counted as benefit in kind).

| Source | £ | Confirmed? |
|--------------|----------|------------|
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| Total | £ | |

8. ANNUAL ACCOUNTS Please provide the following information from your annual accounts:

ACCOUNT YEAR ENDING: / /

TOTAL GROSS INCOME £

TOTAL EXPENDITURE £

BALANCE AT YEAR END £

SAVINGS (RESERVES, CASH, INVESTMENTS) £

If your savings are more than your annual expenditure, what are they for?

9. ELEGIBILITY**YES/NO**

- | | |
|---|--|
| 1. Is the grant for a private organisation operating as a business to make a profit or surplus? | |
| 2. Is the grant for an "Upward funder", i.e., a local group whose fund raising is sent to central Head Quarters for redistribution? | |
| 3. Will you be passing the funding on to any other groups (except to pay for goods and services)? | |
| 4. Is the funding for an individual, a political organisation/project, or a religious organisation/project? | |
| 5. Is the funding for Loans or interest payments? | |
| 6. Is the function of your group primarily undertaken by the health authority or Wiltshire Council's Social Services? | |
| 7. does your organisation discriminate on the grounds of race, religion, age, gender, transgender, sexual orientation, marital status, pregnancy or any disability? | |
| 8. If you are requesting funding for a one-off project, has the project already happened? | |

| | |
|---|--|
| Is the grant requested for ongoing running costs such as salaries or rent? If so, please explain the exceptional circumstances, and how you will meet these costs in future. | |
| Is the grant requested (for a Regular Grant) more than £1000? If so, please explain the exceptional circumstances. | |
| <p>If the funding is for security measures do you have the support of the local police and/or crime reduction officer? Yes (name of contact) / No/Not applicable</p> <p>If the funding is for work with Vulnerable adults or children, do you have the support of either Adult Social Care or Children's Services at Wiltshire Council? Yes (name of contact) / No/Not applicable</p> | |
| 10. CHECKLIST | |
| <p>Have you submitted the following (please tick the appropriate boxes)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of your most recent accounts <input type="checkbox"/> Your most recent bank account statement & details of any other investments/savings; <input type="checkbox"/> A copy of your constitution/terms of reference/set of rules. <input type="checkbox"/> A copy of your safeguarding policy if your group works with vulnerable adults or children. <input type="checkbox"/> A copy of your adopted equal opportunities policy or statement <input type="checkbox"/> Evidence of the environmentally responsible and sustainable practices of your organisation. | |
| 11. BANK DETAILS | |
| Name of Account:Account number:Sort Code: - - | |
| 12. DECLARATIONS | |
| <p>In accordance with the General Data Protection Regulation (GDPR), I agree that Melksham Town Council will process and hold personal information about me only in relation to my grant application. I consent to my personal information, including that contained in this form, being stored manually and/or electronically. It will be held securely and treated confidentially for 6 years after an application is made. I understand that it will only be accessed by authorised staff members to manage the grant application process.</p> <p>I also understand that Melksham Town Council may pass details onto an official organisation where required to do so by law or contract. I understand that my data will be disposed of securely 6 years after the application and that I have the right to correct the information at any time. I have been made aware of my rights under GDPR.</p> | |
| <p>Declaration:</p> <p>I/we declare that the information confirmed in this application is correct and that any grant received will be applied as detailed in the request.</p> <p>I/we declare that we have read the MTC grants policy and that our application complies with the policy.</p> <p>I/we declare that we have included all the requested information.</p> <p>I/we fully understand that if we do not include the requested information and/or if our application does not comply with the policy, the application may be rejected.</p> <p>Signature of applicant(s)_____Date: _____</p> | |

Please return your completed form with copies of the relevant documents to Melksham Town Hall, SN12 6ES, or by email to grants@melksham-tc.gov.uk