**GRANT APPLICATION FORM**

**Alexander Cross Cameron Trust Fund** stated purpose is as follows: for the relief of those residents within Clydebank by considering applications by or on behalf of non-profit making community groups for grant assistance towards the cost of one-off community activities within Clydebank the objectives of which are in the opinion of the Trustee, to assist and relieve those in need by reason of age, ill health, disability, financial hardship or other disadvantage. For the avoidance of doubt no grant assistance shall be paid in respect of the normal running costs of the community group itself.

1. **Information about your Organisation or Group:**

|  |  |
| --- | --- |
| **Name of your Group** |  |
| **Address for your Group:** |  |
| **Contact Telephone Number:** |  |
| **Contact email address:** |  |
| **Are you a registered Charity** | **Yes/ No\***\*If yes, what is you Charity Number? |
| **Summary of your Group’s aims** |  |
| **Person to contact about this form:** | **Name:****Address:****Telephone Number:** |
| **What geographic area does your group cover?** |  |
| **How many active members does your group have?** |  |
| **How often does your group meet?** |  |
| **Where does your group meet?** |  |
| **How many Committee Members do you have?** |  |

Name, Address and Telephone Number of Office Bearers:

|  |  |
| --- | --- |
| **Chair:** | **Secretary:** |
| **Treasurer:** | **Other:** |

Please mark with an asterisk Office Bearers who are keyholders of premises in respect of which Grant Assistance is sought.

1. **Financial Information we need:**

What other grants have you applied for in the last twelve months?

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Body** | **Amount sought** | **Date of application and outcome, if known** | **Reason for grant** |
|  |  |  |  |
|  |  |  |  |

What other grants will you apply for in the next twelve months?

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Body** | **Amount sought** | **Date of application and outcome, if known** | **Reason for grant** |
|  |  |  |  |
|  |  |  |  |

What are your group’s bank details?

|  |  |
| --- | --- |
| **Name of Bank** |  |
| **Address of Bank** |  |
| **Title of Bank Account** |  |
| **Bank Sort Code** |  |
| **Bank Account Number** |  |

Is this your group’s only bank account? If not, please give details of any other bank accounts held by your group:

|  |
| --- |
|  |

We need some information about your Financial Accounts

|  |  |
| --- | --- |
| **What is your financial year end?** |  |
| **Are your Accounts audited or independently examined?** | **Yes/ No\***\*If no, why not?  |
| **Has your financial position changed since date of last Accounts?** | **Yes/ No\***\*If so, please specify |
| **Will your financial position change in the year following submission of this Application?** | **Yes/ No\***\*If so, please specify |

1. **General Information we need:**

|  |  |
| --- | --- |
| **What is the amount of grant you are applying for:** |  |
| **What will you use the grant for? Tell us a bit about the project** |  |
| **Tell us a bit about what you would spend the grant on?** |  |
| **How much is the total cost of the project?** |  |
| **How much is your group contributing to the project?** |  |
| **If the project is an activity or an outing:** | Where will it be held?When will it be held?How many people will be attending? |

Please provide a statement in support of your Application (including details and evaluation of success of any similar activity previously held). Such statement should comment on how you will evaluate the success of the event for which you are now making grant application.

|  |
| --- |
|  |

Is there a similar activity to take place at or about the same time and at or about the same date as the activity to be organised by the Group. If so, provide details of activity place, date and organiser.

|  |
| --- |
|  |

Is there any other information you would like to provide?

|  |
| --- |
|  |

**DECLARATION**

We the undersigned certify that this application is made on behalf of and as authorised by:

.......................................................................................................(Organisation).

and that all information is correct to the best of our knowledge. We confirm that we shall notify West Dunbartonshire Council immediately upon there being any change of circumstances. We permit West Dunbartonshire Council to contact such persons and obtain such information as the Council may require in considering this Application.

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Position** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

Please submit with this Application certified copies of each of the following:

Audited Accounts for your last financial year showing your income and expenditure and any reserves, etc.

Constitution or other governing document.

Bank accounts and detailed copy of most recent Statement for each account (no older the 3 months old).

**This application should be signed by two office-bearers and returned as soon as possible to:**

Grants Administrator

Resources Service

West Dunbartonshire Council

Council Offices, 16 Church Street

Dumbarton G82 1QL

or emailed to

Trusts.specificgrants@west-dunbarton.gov.uk