****

**MALMESBURY AREA COMMUNITY TRUST**

**Registered Charity No. 1018458**

**GRANT APPLICATION FORM**

Please note the objectives of the charity from our website [www.mact.org.uk](http://www.mact.org.uk/), before applying for a grant. Please apply via Phil Rice using the email form on the contact page of the website or email philrice@lineone.net directly.

**YOU MAY FIND IT HELPFUL TO CONTACT PHIL**

**TEL: 01666 824007, MOB: 07979 694981 OR EMAIL** **philrice@lineone.net** **BEFORE SUBMITTING AN APPLICATION**

**1 FULL NAME OF APPLICANTS(S), DATE(S) OF BIRTH, EMAIL ADDRESS(ES)**

**2 ADDRESS OF APPLICANT(S) AND MARITAL STATUS**

**3 TELEPHONE NUMBER(S)**

**4 AMOUNT OF GRANT REQUIRED**

**5 HOW MUCH IS THE TOTAL COST?**

**6 ARE ALTERNATIVE OR ADDITIONAL SOURCES OF FUNDING BEING APPLIED FOR?**

 **IF SO PLEASE PROVIDE FULL DETAILS**

 (Please confirm if you as applicant(s) or others are making any contributions towards the total cost and how much this will be. Please advise us if these funds have already been confirmed or received. If there is a shortfall where do you anticipate additional funds will come from?)

**7 PURPOSE OF GRANT**

 (Please describe what the grant will be used for and also indicate how this will benefit the recipient(s). Please use a separate sheet if required or include in supporting email)

**8 IF APPLICATION SUCCESSFUL, WHEN ARE FUNDS REQUIRED?**

**9 HAVE YOU RECEIVED ANYTHING FROM THIS CHARITY IN THE PAST; IF SO, WHEN AND HOW MUCH?**

**10 IS THERE ANY OTHER ADDITIONAL INFORMATION YOU THINK IS RELEVANT TO THIS APPLICATION?**

 (Please provide any further information or supporting documentation you think necessary on a separate sheet of paper or in an accompanying email).

**11 PAYMENT DETAILS**

 (Please supply your bank address, sort code, account number and account name so if a grant is agreed, we can if appropriate transfer funds to your bank account directly. Alternatively, if a grant is agreed, then in some instances we may pay for goods or services directly or in a way we consider is most appropriate).

**Please note that you may be required to provide financial and other information/documentation to us, to support your application.**

**By completing and signing this form, applicants acknowledge our right to use their data appropriately.**

**Additionally we reserve the right to ask applicant(s) or their agents to provide evidence that the grant monies have been spent appropriately and within an appropriate time period.**

**PLEASE SIGN THE FOLLOWING DECLARATIONS**

**I/We, as the applicant(s) confirm the information above is true and accurate and understand Malmesbury Area Community Trust may take any reasonable measures it sees fit before reaching a decision as to whether the grant is agreed or not.**

……………………………………………………………………………………… Date……………………………………………………

Signature of applicant

……………………………………………………………………………………… Date……………………………………………………

Signature of applicant

AND IF APPLYING ON BEHALF OF ANOTHER PERSON/PERSONS

**I/We, as the applicant(s) confirm we have written confirmation from the ultimate applicant(s) that we may act on their behalf. We also confirm the information above is true and accurate and understand Malmesbury Area Community Trust may take any reasonable measures it sees fit before reaching a decision as to whether the grant is agreed or not.**

……………………………………………………………………………………… Date……………………………………………………

Signature of applicant applying on behalf of others

………………………………………………………………………………

(Your name(s) or named organisation if appropriate)