



MANX LOTTERY TRUST GRANT SCHEME

APPLICATION FORM COAL FUNDS & ENDOWMENTS COMMITTEES

Applications must be received between
1st and 31st August each year
to allow for decision making in September



www.mlt.org.im



MANX LOTTERY TRUST GRANT SCHEME

The application form enables us to tell you quickly whether you are eligible to apply to this grant scheme and whether your organisation is one that the Trustees might consider funding through one of their grant programmes. When you have completed the form you can post it to us.

Please write clearly in black ink, or if typing, in 12 point font.

If you are not sure how to answer any questions, we will be happy to help. Please call or email using the following telephone number or e-mail address.

Please send your completed outline proposal form to:

The Grants Officer
7 Auckland Terrace
Parliament Street
Ramsey
Isle of Man
IM8 1AF

Telephone: **0800 047 0036** (Office)

E-mail: **grants@mlt.org.im**

NB: Please note that the office is manned on a part-time basis.



SECTION 1: ORGANISATION DETAILS

1. ABOUT YOUR ORGANISATION

Name of your organisation

2. MAIN CONTACT FOR THIS APPLICATION

This must be someone from your organisation who can talk about your project and can be contacted by telephone and/or email.

Title

First name

Surname

Position in organisation

Home address, including postcode

Email address, if applicable

Phone Number

Day

Evening

SECTION 2: ABOUT THE PROJECT OR ACTIVITIES

3. HOW MANY PEOPLE ARE LIKELY TO BENEFIT IF YOU RECEIVE A GRANT?

Please include details to show the number of households you assisted during each of the past three years.

4. HOW MUCH IS YOUR PROJECT GOING TO COST AND HOW MUCH DO YOU NEED FROM THE MANX LOTTERY TRUST?

Please give as much detail as you can e.g. distribution of vouchers.

Item or activity	A Cost from MLT	B Requested
	£	£
	£	£
	£	£
Totals	£	£

If the total in column A is higher than the total in column B, where is the rest of the funding coming from? Let us know if you already have funds or where they will come from.

5. WHAT POLICY DO YOU FOLLOW IN SELECTING HOUSEHOLDS WHO REQUIRE ASSISTANCE?

Please explain how often you review the list of potential beneficiaries to ensure only those most in need are considered.

6. PROVIDE THE FOLLOWING DETAILS FROM YOUR MOST RECENT ANNUAL ACCOUNTS

Account year ending: Day/Month/Year

D

D

M

M

Y

Y

Total (gross) income

£

Total expenditure

£

Balance at year end

£

Savings (reserves, cash, investments)

£

All organisations that have run for one year or more must complete this question and submit a copy of their latest accounts.

6. PROVIDE THE FOLLOWING DETAILS FROM YOUR MOST RECENT ANNUAL ACCOUNTS (CONTINUED)

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

7. HOW MANY PEOPLE ARE INVOLVED IN RUNNING YOUR ORGANISATION?

You must have at least three unrelated people on your governing body.

Governing body

Volunteers

Other

8. DETAILS OF AUDITOR

Title

First name

Surname

Home address, including postcode

Email address, if applicable

Phone Number

Day

Evening



SECTION 3: DECLARATION

IMPORTANT – This declaration must be signed by the person named in Question 2

I confirm that the organisation named in Question 1 of this application form has authorised me to sign this application form on their behalf.

I certify that the information given in this application is true and confirm that any enclosures are current, accurate and adopted or approved by our organisation.

I have not altered or deleted the original wording and structure of this application form as it was originally provided or added to it in any way.

Contact

Name

Position in organisation

Signature

Date

D

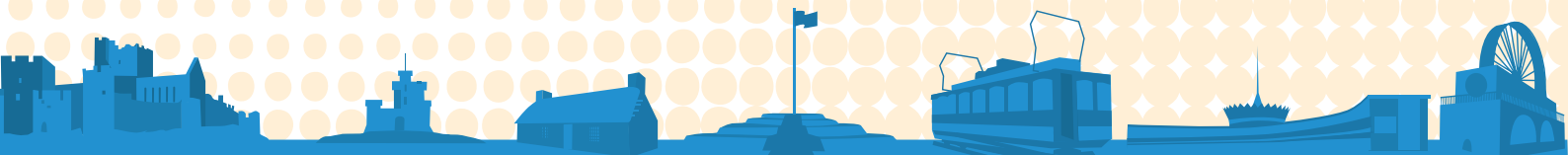
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