

MANX LOTTERY TRUST GRANT SCHEME

OUTLINE PROPOSAL FORM

COMMUNITY AWARDS PROGRAMME

For grants between £2,501 and £50,000





MANX LOTTERY TRUST GRANT SCHEME

OUTLINE PROPOSAL FORM

The outline proposal is a short form that enables us to tell you quickly whether you are eligible to apply to the Community Awards Programme and whether your project is one that the Trustees might consider funding.

We hope that this policy may save you doing a lot of work unnecessarily.

Use this form to tell us about your organisation, the project you would like us to fund, and the proposed outcomes. By outcomes we mean the changes that will happen as a result of the project.

When you have completed the form you can email us a copy and post the signed original to us.

Remember this is not an application form and when you hear from us again it will not be a decision on whether to award you a grant.

If we think your proposed project outcomes are ones that we might support, we will tell you what you need to do before you apply.

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 Manx Lottery Trust 7 Auckland Terrace Parliament Street Ramsey, Isle of Man IM8 1AF

Telephone: **0800 047 0036** E-mail: **grants@mlt.org.im**

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

We update our programmes from time to time, so if you have had this form for more than three months, contact us or visit our website to check that you have the most up to date version.

We published this version in August 2020.



SECTION 1: ORGANISATION DETAILS

1. ABOUT YOUR ORGANISATION

Name of organisation			
Address of organisation (this may be whe including full postcode	re the organisation is based or where activities take place)		
Email address, if applicable			
Please tell us what type of organisation ye where requested.	ou are by ticking the relevant box, giving additional details		
School	Type of school		
Registered charity	Charity No.		
Company	Company No.		
Parish or town council			
Community group/society			
Other	Please specify		
If you are a branch or related to a larger of	rganisation, please tell us which one.		
2. MAIN CONTACT FOR THIS APP	LICATION		
This must be someone from your organisa during normal office hours.	ation who can talk about your project and can be contacted		
Title			
First name			
Surname			
Position in organisation			
Home address, including postcode	ease provide your business address, including postcode, if different from address in		

	Email address, if applicable	
	Phone numbers	
	Day	Evening
	At least one of these should	be a landline telephone number.
	Contact address, where all c	orrespondence will be sent (if different from the main contact's address).
	SECTION 2: ARC	OUT THE PROJECT OR ACTIVITIES
	YOU ARE PLANI	
A	TOO ARE FEATURE	
	3. WHAT IS THE NAME	OF YOUR PROJECT?
	4. WHAT PROJECT OR	ACTIVITIES WILL TAKE PLACE IF YOU RECEIVE A GRANT?

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

Please provide as much detail as you can.

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

If the total in column A is higher than the total in column B, where is the rest of the funding coming from Please tell us if you already have this money.

6. WHAT CONTRIBUTION, IF ANY, ARE YOU MAKING TOWARDS THIS PROJECT?

This might be in cash or in kind, such as volunt	eer time or donations other than	n money, for example, equipment.
7. PROVIDE THE FOLLOWING DETAILS	S FROM YOUR MOST RECE	ENT ANNUAL ACCOUNTS
	S FROM YOUR MOST RECE	
Account year ending: Day/Month/Year	D D M M Y Y	All organisations that have run for one year or more
Account year ending: Day/Month/Year Total (gross) income	D D M M Y Y	All organisations that have run for one year or more must complete this question.
Account year ending: Day/Month/Year	D D M M Y Y	All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not
Account year ending: Day/Month/Year Total (gross) income	D D M M Y Y	All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not complete this but remember
Account year ending: Day/Month/Year Total (gross) income Total expenditure		All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not complete this but remember to send us a financial projection for the year when
Account year ending: Day/Month/Year Total (gross) income Total expenditure Balance at year end Savings (reserves, cash, investments)	D D M M Y Y £ £	All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not complete this but remember to send us a financial projection for the year when you will spend the grant.
Account year ending: Day/Month/Year Total (gross) income Total expenditure Balance at year end	D D M M Y Y £ £	All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not complete this but remember to send us a financial projection for the year when you will spend the grant.
Account year ending: Day/Month/Year Total (gross) income Total expenditure Balance at year end Savings (reserves, cash, investments)	D D M M Y Y £ £	All organisations that have run for one year or more must complete this question. If you have been running for less than one year, do not complete this but remember to send us a financial projection for the year when you will spend the grant.
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8. HOW MANY PEOPLE ARE INVOLVED IN RUNNING YOUR ORGANISATION?

You must have at least three unrelated people on your governing body.														
Governing body	Volunteer	rs			Oth	ner								
If the project involves work adults tick this box to conf child protection training.	-					_						le		
OUTLINE PRO	POSAL D	ECLA	\RA	TIC	ON									
IMPORTANT – This declara	ation must be si	igned by	the p	erso	n nan	ned i	n Qu	estio	n 2					
I confirm that the organisa this outline proposal on the		uestion	1 of t	his a	pplica	tion 1	form l	nas a	utho	rised	d me	to si	gn	
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.									ı					
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.										ly				
Contact														
Name														
Position in organisation														
Signature												•	٠	
Date	D D M	М	Υ					•	•	•	•	•	•	•

