

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
PO Box 16
Ramsey
Isle of Man
British Isles IM99 4QF

Telephone: 685745

E-mail: mltgrants@gov.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 February 2015.



SECTION 1: ORGANISATION DETAILS

1. ABOUT YOUR ORGANISATION

Name of organisation								
Address of organisation (this may including full postcode	be where the organisation is based or where activities take place)							
Email address, if applicable								
Please tell us what type of organis where requested.	ation you 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 organisation, please tell us which one.							
2. MAIN CONTACT FOR TH	IS APPLICATION							
This must be someone from your during normal office hours.	organisation who can talk about your project and can be contacted							
Title								
First name								
Surname								
Position in organisation								
Home address, including postcode (If you are applying on behalf of a statutor Question 1.)	y body, please 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	d be a landline telephone number.	
	Contact address, where all o	correspondence will be sent (if different from the main contact's address).	
W	SECTION 2: ABO	OLIT THE DOOLECT OD ACTIVITIES	
	YOU ARE PLAN	OUT THE PROJECT OR ACTIVITIES	
	TOU ARE PLAIN		
	3. WHAT IS THE NAME	F OF YOUR PROJECT?	
	5. WHAT IS THE NAME	FOI TOOKTROJECT.	
	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	£	£

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	money, for example, equipment.
7. PROVIDE THE FOLLOWING DETAILS	S FROM YOUR MOST RECE	NT ANNUAL ACCOUNTS
7. PROVIDE THE FOLLOWING DETAILS Account year ending: Day/Month/Year	S FROM YOUR MOST RECE	All organisations that have
	FROM YOUR MOST RECE	All organisations that have run for one year or more
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
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.
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
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8. HOW MANY PEOPLE ARE INVOLVED IN RUNNING YOUR ORGANISATION?

	You must have at least thre	ee unrelated peo	ple on	your g	overr	ning b	ody.										
adults tick this box to confirm that you have Criminal Records Bureau clearance and up to date child protection training. OUTLINE PROPOSAL 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 outline proposal 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	Governing body	Volunteer	s			Ot	her										
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Signature Date D D M M Y Y	Name																
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	Signature											a	0	•	•		
	Date	D D M	М	Υ					a (•	•	•	•	•	- •	

