



MANX LOTTERY TRUST GRANT SCHEME

APPLICATION FORM SMALLER GRANTS APPLICATION FORM

For grants between £300 and £2,500



www.mlt.org.im



SMALLER GRANTS APPLICATION FORM

The **Smaller Grants Application Form** enables you to tell us about your organisation and the project you would like us to fund.

- Please ensure that you read the **Guidance Notes** before completing the application form.
- When you have completed the form, you can **email us a copy** of the completed form, but you will also need to **post the signed original to us**.
- Please write clearly in black ink, or if typing, in 10 point font.

If you are not sure how to answer any questions, we will be happy to help.

Our contact details are given below.

The Grants Officer
Manx Lottery Trust
PO Box 16
Ramsey
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. NAME OF YOUR ORGANISATION

Address of organisation (this may be where the organisation is based or where activities take place).

Email address, if applicable

Tell us what type of organisation you are by ticking the relevant box and filling in any relevant boxes.

Registered charity

☐

Charity No.

Voluntary/Community Organisation

☐

Other

☐

Please specify

2. MAIN CONTACT FOR THIS APPLICATION

This must be someone from your organisation who can be contacted to talk about your project.

Title

First name

Surname

Position in organisation

Home address, including postcode. If you are applying on behalf of a statutory body, please provide your business address including postcode (if different from address in Q1).

Email address, if applicable

Phone Number Day

Evening

At least one of these should be a **landline telephone number**.

2. MAIN CONTACT FOR THIS APPLICATION (CONTINUED)

Contact address – where all correspondence will be sent (if different from the main contact's address).



ABOUT THE PROJECT OR ACTIVITIES YOU ARE PLANNING

3. WHAT IS THE NAME OF YOUR PROJECT?

4. WHEN IS THE PROJECT TO TAKE PLACE?

Start date (month/year)

End date (month/year)

Is your start date fixed? ☐

Or flexible? ☐

5. WHAT PROJECT OR ACTIVITIES WILL TAKE PLACE IF YOU RECEIVE A GRANT?

6. HOW MANY PEOPLE DO YOU EXPECT TO BENEFIT DIRECTLY FROM YOUR PROJECT OR ACTIVITY?

If you cannot be exact an estimate will be sufficient. Please indicate how you arrived at the figure.

7. WHAT AGES ARE THE PEOPLE WHO YOU HOPE TO BENEFIT THROUGH YOUR PROJECT?

Use the figure in Q7 to estimate how many people fit each group.

0-24 25-64 65+ All Ages

8. 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 Total cost	B Amount requested from Smaller Grants
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Totals	£ <input type="text"/>	£ <input type="text"/>

9. 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)

£

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

If you have been running for less than one year, do not complete this question but remember to send us a financial projection for the year when you will spend the grant.

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



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 its 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.

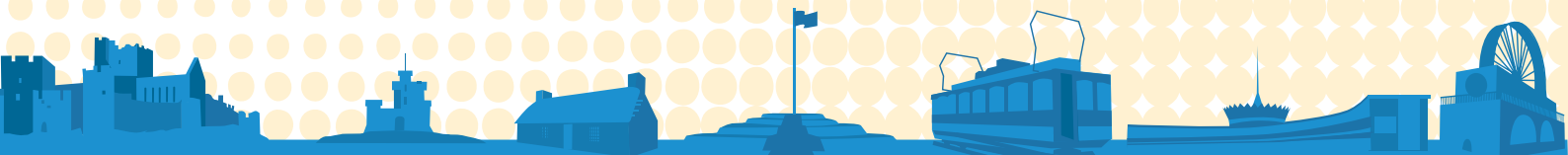
I have not altered or deleted the original wording and structure of this application form as it was originally provided or added to it in any way.

I have enclosed a copy of the organisation’s latest approved accounts ☐

I have enclosed quotes for the items for which we are requesting funding ☐

Contact

Name	<input type="text"/>
Position in organisation	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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