

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 February 2015.



SECTION 1: ORGANISATION DETAILS

1. ABOUT YOUR ORGANISATION

Name of organisation							
Address of organisation (this maincluding full postcode	y be where the organisation is based or where activities take place)						
Email address, if applicable							
Please tell us what type of organ where requested.	isation 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	HIS APPLICATION						
This must be someone from you during normal office hours.	r organisation who can talk about your project and can be contacted						
Title							
First name							
Surname .							
Position in organisation							
Home address, including postcoc (If you are applying on behalf of a statuto Question 1.)	ory 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 be a landline telephone number.									
Contact address, where all correspondence will be sent (if different from the main contact's address).									
contact and resp. where all correspondence with the sent (in different from the main contact to doctors).									
SECTION 2: ABOUT THE PROJECT OR ACTIVITIES									
YOU ARE PLANNING									
100 ARE PLAINING	_								
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 volunteer time or donations other than money, for example, equipment.								
7 DECYINE THE EQUIONING DETAIL	S EDOM VOLID MOST DECE	INIT ANNIHAL ACCOUNTS						
7. PROVIDE THE FOLLOWING DETAIL	S FROM YOUR MOST RECE	ENT ANNUAL ACCOUNTS						
7. PROVIDE THE FOLLOWING DETAIL Account year ending: Day/Month/Year	S FROM YOUR MOST RECE	All organisations that have						
	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 must complete this question. If you have been running for						
Account year ending: Day/Month/Year Total (gross) income Total expenditure	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 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						
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						
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						
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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	Volunte	ers			(Othe	r 📗								
If the project involves work adults tick this box to conf child protection training.	0		0.				_								
OUTLINE PRO	POSAL [DEC	LAF	RAT	Ю	N									
IMPORTANT – This declara	ation must be	signed	by tl	ne per	son ı	name	ed in (Ques	tion	2					
I confirm that the organisathis outline proposal on the		Questi	on 1	of this	appl	licati	on for	m ha	as au	thoris	sed n	ne to	sig	'n	
I certify that the information accurate and adopted or ap	-				e and	d con	firm t	hat a	ny e	nclos	ures	are (curre	ent,	
I have not altered or delete provided or added to it in a	_	wordin	g and	struct	ure (of thi	is app	licati	on fo	orm a	s it v	vas c	origi	nally	,
Contact															
Name															
Position in organisation															
Signature											đ	0	•	•	
Date	D D M	М	Υ	Υ					•	• •	•	•	•	•	• •

