

# MANX LOTTERY TRUST GRANT SCHEME

# **APPLICATION FORM**

# **SMALLER GRANTS APPLICATION FORM**

For grants between £300 and £2,500





## 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 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 May 2017.



## **SECTION 1: ORGANISATION DETAILS**

#### 1. NAME OF YOUR ORGANISATION

Address of organisation	(this may be where the o	organisation is b	ased or where activitie	es take place).		
Email address, if applicat	ble					
Tell us what type of orga		ing the relevant	box and filling in any r	relevant boxes		
	inisation you are by tick		box and many in any i	cievani boxes.		
Registered charity		Charity No.				
Voluntary/Community C	Organisation					
Other		Please specify				
2. MAIN CONTACT	FOR THIS APPLICAT	ION				
This must be someone fr	rom your organisation w	ho can be conta	cted to talk about you	ır project.		
Title						
First name						
Surname						
Position in organisation						
Home address, including	g postcode. If you are app	olying on behalf	of a statutory body, pl	ease provide your		
business address includir	ng postcode (if different	from address in	Q1).	• • • • • •		
Email address, if applicat	ble					
Phone Number Day		Ever	ning			
At least one of these sho	ould be a landline teleph			000006		

	2. MAIN CONTACT FOR THIS APPLICATION (CONTINUED)	
	Contact address – where all correspondence will be sent (if different from the main contact's address).	
No.		
	ABOUT THE PROJECT OR ACTIVITIES YOU ARE PLANNING	7
T	ABOUT THE PROJECT OR ACTIVITIES TOO ARE PLANNING	_
	3. WHAT IS THE NAME OF YOUR PROJECT?	
	4. WHEN IS THE PROJECT TO TAKE PLACE?	
	Start date (month/year) M M Y Y End date (month/year) M M Y Y	
	Is your start date fixed? Or flexible?	
	Is your start date fixed? Or flexible?	
	5 .WHAT PROJECT OR ACTIVITIES WILL TAKE PLACE IF YOU RECEIVE A GRANT?	
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OR ACTIVITY?		
If you cannot be exact an estimate will be sufficient. Please in	dicate how you arrived	at the figure.
7. WHAT AGES ARE THE PEOPLE WHO YOU HOPE TO	BENEFIT THROUGI	H YOUR PROJECT?
Use the figure in Q7 to estimate how many people fit each gr		
0-24 25-64 65+	- Al	l Ages
8. HOW MUCH IS YOUR PROJECT GOING TO COST FROM THE MANX LOTTERY TRUST?	AND HOW MUCH	DO YOU NEED
Please provide as much detail as you can.		
Item or activity	A	В
	Total cost	Amount requested from Smaller Grants
	£	£
	£	£
	£	£
	£	£
	£	£
Totals	£	£
9. PROVIDE THE FOLLOWING DETAILS FROM YOUR	MOST RECENT ANN	IUAL ACCOUNTS
Account year ending: Day/Month/Year		isations that have rui
Total (gross) income		e year or more must ete this question
Total expenditure		ibmit a copy of their approved accounts
Balance at year end		
Savings (reserves, cash, investments)	000	
If you have been running for less than one year, do not com us a financial projection for the year when you will spend t		remember to send
If your savings are more than your annual expenditure, what a	re they for?	00000

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



#### 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.

1		
I have enclosed a copy of t		
I have enclosed quotes for the items for which we are requesting funding		
Contact		
Name		
Position in organisation		
Signature		
Date		
Date	D D M M Y Y	



### DATA PROTECTION AND FREEDOM OF INFORMATION

#### **DATA PROTECTION**

We will use the information you give us during assessment and during the life of your grant (if awarded) to administer and analyse grants and for our own research purposes. We may give copies of all or some of this information to individuals and organisations we consult when assessing applications, administering the programme, monitoring grants and evaluating funding processes and impacts. These organisations may include accountants, external evaluators and other organisations or groups involved in delivering the project.

We may share information with organisations and individuals with a legitimate interest in Lottery applications and grants or specific funding programmes. We have a duty to protect public funds and for that reason we may also share information with other Lottery distributors, government departments, organisations providing matched funding or for the prevention and detection of crime.

We might use personal information provided by you in order to conduct appropriate identity checks. Personal information that you provide may be disclosed to a credit reference or fraud prevention agency, which may keep a record of that information.

If you provide false or inaccurate information in your application or at any point in the life of any funding we award to you and fraud is identified, we will provide details to fraud prevention agencies, to prevent fraud and money laundering.

We might use the data you provide for research purposes. We recognise the need to maintain the confidentiality of vulnerable groups and their details will not be made public in any way, except as required by law.

#### FREEDOM OF INFORMATION

Freedom of Information legislation gives members of the public the right to request any information that we hold.

This includes information received from third parties, such as, although not limited to, grant applicants, grant holders, contractors and people making a complaint.

If information is requested under Freedom of Information legislation we will release it, subject to exemptions, although we may consult with you first.

If you think that information you are providing may be exempt from release if requested, you should let us know when you apply.

Freedom of Information Act 2015 (Isle of Man)

