

**Small Grants Inclusion Programme**

**FUNDING APPLICATION FORM**

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Can I Apply?

We can only accept applications to the programme from voluntary, community and social enterprise organisations that meet the criteria below. Please use the checklist to make sure you are eligible to submit an application.

To apply to this grants programme your organisation must have and be able to produce if asked:

|  |  |
| --- | --- |
| a safeguarding policy | [ ]  |
| a health and safety policy and/or procedures | [ ]  |
| accounts, or an income and expenditure sheet | [ ]  |
| a bank account in your organisation’s name with at least two signatories | [ ]  |
| evidence (e.g. minutes) of Board / Management Committee meetings in line with your constitution | [ ]  |
| a list of Board / Management Committee members including their roles | [ ]  |
| a governing document (i.e. Constitution) | [ ]  |
| relevant insurance | [ ]  |

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| **IMPORTANT – you should not fill in the rest of this application form if you have not been able to tick all the boxes above as we won’t be able to consider your application!** |

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| **Section 1: About you** |

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| **1.1 Details of you and your organisation** |
| Name and address of organisation including post code |  |
| Organisation’s website and / or social media addresses (if applicable) |  |
| Main contact person | Name |  |
| Role |  |
| Contact address (if different to organisation address) |  |
| Telephone number |  |
| Email address |  |
| Second contact person *(organisation’s chair or similar)* | Name |  |
| Role |  |
| Telephone number |  |
| Email address |  |
| What is the status of your organisation e.g. charity, CIC, etc. |  |
| Please supply any organisation registration reference numbers (e.g. charity or CIC number if applicable). | Reference number(s): |
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|  |  |
| Year your organisation was established |  |

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| **Section 2: About your project** |

What are you applying for funding for? Tell us all about your proposed activity, why it’s needed and how it is going to make a difference.

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| **2.1 Tell us about your proposed activities** (350 words maximum) |
| What you plan to do and how. Include your main activities. Be as specific as possible and include numbers where appropriate. |
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| **2.2 Tell us who will be involved in developing and running your project?** (200 words maximum) |
| Which individuals and / or organisations will be involved? Who will be doing what. |
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If you are applying for funding to work directly with children or vulnerable young people, you will need a Safeguarding Policy. Does your application involve working with children or vulnerable young people? **Yes / No**

**Section 3: Your project’s costs**

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| **3.1 What are the costs of your project?**  |
| Expenditure (please itemise) | Amount |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Total cost (inc VAT) | £ |
| Grant amount applied for | £ |
| If the cost of your activity is more than you have applied for, have you secured the rest of the funding you need? | Yes [ ]  No [ ]  |
| If yes to the above, please indicate the amount you have secured | £ |
| Where has this amount come from? |  |

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| **3.2 If your organisation is currently commissioned to deliver services by Manchester City Council or if you have received a Council grant since 1 July 2017, please provide details of the date(s), amounts and Council department below.** |
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| **Section 4: Declarations** |

**4.1 Declaration**

I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application.

I understand that I must notify Macc of any significant changes to the application and that misleading information can invalidate this application.

This application form contains information that is personal data for the purposes of the Data Protection Act 2018 and General Data Protection Regulations.Macc's Data Protection policy and privacy notice are available on the webpage for this grants programme.

The personal data that you have provided will be used by Macc for the purpose of processing your application and will not be disclosed to any other organisation for any other purpose other than in relation to cases of suspected fraud or where there is a statutory requirement for disclosure.

**Please provide signatures on the next page.**

**Signatory One**

This must be the main contact named in section 1.1 above.

I understand you may contact me during assessment and I confirm I am authorised by the organisation for this purpose and that you may rely on any further information supplied by me.

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Position |  |
|  |  |
| Signature |  |
|  |  |
| Date |  |

**Signatory Two**

This should be the chair or person of similar authority in your organisation. This person must be different to signatory one.

I confirm this application has been authorised by the management committee or other governing body.

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Position |  |
|  |  |
| Signature |  |
|  |  |
| Date |  |

**Please return your completed form by email to** **grants@macc.org.uk****. It must be submitted by midday on Monday 10 September 2018 - we will not consider applications submitted after this deadline.**

**Please check that you receive the email from Macc confirming receipt of your application once you have sent it. If you have not received the email, please call Oliver Cranfield at Macc on 0161 834 9823.**