

HELPING YOU HELP OTHERS

Start-up grant for self-help and support groups

For Office Use ONLY:

Ref No:

Date entered:

Region:

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Grant Application Form

Section 1:

Contact Information (see guidance p4)

Please refer to the grant application guidance notes before completing this form.

Do you have a name for the group?

Yes

No

If **yes** please state the name here:

.....
.....

Contact name:

.....

Role in group:

.....

Address for correspondence:

.....

.....

.....

..... Postcode:.....

Group website address (if applicable):

.....

Daytime telephone number:

.....

Email address:

.....

Please indicate preferred contact method(s) below:

Daytime telephone number

Email address

Do you have any specific communication needs?

Yes

No

If **yes**, please indicate below:

Textphone

Specific language spoken

Please specify:

.....

Larger text required

Other:

.....

Is there an alternative contact?

Yes

No

If **yes**, please provide their details below

Second contact name:

.....

Second contact's role in group:

.....

Second contact's telephone number:

.....

Second contact's email address:

.....

Section 3:

If your group is already functioning (see guidance p4–5)

Please complete this section only if your group is already set up and has started functioning.

When was your group set up? (MM/YYYY)

.....

Approximately how many members are there?

.....

Where does your group meet?

.....

How regularly does your group meet?

.....

Does your group have a committee?

Yes

No

Does your group have a constitution or governing document?

Yes

No

Does your group employ paid staff?

Yes

No

If **yes**, please write job titles in the spaces below

.....

.....

Is your group a registered charity (England and Wales) or recognised as a charity by the Inland Revenue (Scotland and Northern Ireland)?

Yes

No

If **yes**, please provide the charity number in space provided:

.....

Previous income

Has your group been awarded any grants from Macmillan in the past or does it have any grants pending?

Yes

No

If **yes**, please state funding awarded and provide reference numbers for each grant (if reference numbers unknown, state type of grant and approximate dates awarded.)

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How much other income (other than Macmillan grants listed above) has your group received since it started functioning?

£

How was this income raised?

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Group activities

Please describe your group's main activities:

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Section 4:

If your group is not yet functioning (see guidance p5)

Please complete this section only if your group has not yet started functioning.

When do you plan for the group to be functioning? (MM/YYYY)

.....

Where do you plan to meet?

.....

How often do you plan to meet?

.....

Section 5:

Information about your planned activities (see guidance p5-6)

How much are you requesting from this grants programme?

£

Breakdown of funding requested

Please provide a full breakdown of the funding required stating the cost of each individual item/activity. In order for us to assess your application, you will need to attach corresponding quotes from potential suppliers wherever possible.

Item/Activity	Total cost of item/activity Column A (£)	Funding requested from Macmillan Column B (£)
Total		

If the totals for column A and B do not match, how do you plan to cover the difference?

.....

Section 6

Finance Information (see guidance p6)

Does your group have a bank account in its own name?

Yes

No

If **yes**:

- please provide the account name:
.....
- Please tick this box to confirm that you will send a copy of a recent bank statement/letter from the bank or a copy of the passbook to the inclusion administrator
- Now go straight to section 7

If **no**, please go to next question.

Are you going to set up a bank account for the group?

Yes

No

If **yes**, please tick this box to confirm that you will send a copy of recent bank statement/letter from the bank or a copy of the passbook to the Inclusion to the inclusion administrator

If **no**, please go to the next question.

Has another organisation/hospital agreed to hold the grant award (if successful) on the group's behalf?

Yes

No

If **yes**, please provide the following details for this organisation/hospital:

Organisation name:
.....

Organisation address:
.....
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.....
.....

Contact name:
.....

Contact email address:
.....

Contact telephone:
.....

Bank account name (if known):
.....

Section 7

Monitoring Information (see guidance p6)

How did you find out about the grants programme?

Applied for Macmillan grant previously

Macmillan involvement coordinator
(previously known as 'community networks
development coordinator')

Name (if known)
.....

Macmillan website

Macmillan newsletter:

Exchange

Mac News

Other, please specify (if known)

.....

Macmillan leaflet for self-help and support groups

Macmillan good practice guidelines for self-help
and support groups

Another self-help and support group
(please specify)

.....

Other (please specify)

.....

**Have you had contact with someone from
Macmillan to help with this application?**

Yes

No

Name/Job title

.....

.....

**What other Macmillan activities have you or your
group members been involved in?**

Macmillan Cancer Voices*?

Yes

No

(*a Cancer Voice is someone affected by cancer
who chooses to use their cancer experience to
improve cancer services and/or raise awareness
of the diverse realities of living with cancer.

Macmillan training courses or workshops

Yes

No

If yes, please state name of courses and approximate
date here:

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.....

**Are there any other Macmillan activities that
you or your group have been involved in?**

Yes

No

If yes, please provide a brief outline here

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.....
.....

**Are you aware of Macmillan's good practice
guidelines for self-help and support groups?**

Yes

No

**Please tick the boxes below if you would like us
to send you information on the following:**

How you or any of your group members can
register as a Cancer Voice

Learning and development opportunities for
self-help and support groups

How to order Macmillan's good practice
guidelines for self-help and support groups.

**Please use this space to provide any comments on
the grant application process and how we could
improve it in the future.**

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Section 8

Checklist and signatures (see guidance p6)

Please confirm that you have done the following:

- Answered all appropriate questions
- Provided full contact details for the application
- Clearly stated the bank account name for the group (where applicable)
- Read the terms and conditions (see the grants guidance page 7)
- Made a copy of this application for your records

Enclosed the following supporting documents, where applicable, (or sending separately by post):

- Recent bank statement/letter from the bank or a copy of the passbook
- Copy of your group’s constitution or governing document
- Quote from potential suppliers to evidence your grant request
- Any additional information that would give us a clearer picture of your groups aims, activities and needs

Signatures

This form must be signed by two people who are involved with the group. Signatures can be typed, not handwritten.

I confirm to the best of my knowledge that all information provided on this application is true and accurate. I have read through the enclosed terms and conditions and understand that in signing this application form, the group are required to act within these conditions should an award be made.

Please email your application form to resources@macmillan.org.uk

If you are unable to email, please mark it for the attention of the inclusion administrator, and either post or fax to:

Macmillan Cancer Support
89 Albert Embankment
London SE1 7UQ

Fax: 020 8740 7841

Signatures	Print Name	Position in group	Date