

# SUPPORTING YOU TO HELP OTHERS (2016)



## Grant Application Form

Before you start filling in this form please make sure you have read the application guidelines carefully. If you are using a paper form please write clearly in black ink or type.

If you have any questions or communication needs (for example, large print) please contact us on 020 7091 2056 or email [resources@macmillan.org.uk](mailto:resources@macmillan.org.uk).

### SECTION ONE: CONTACT DETAILS

<b>Name of group, organisation or individual:</b>	
<b>Name of primary contact for this application:</b>	
<b>Role of primary contact:</b>	
<b>Address:</b>  <b>Postcode:</b>	
<b>Daytime Telephone:</b> <b>Email:</b> <b>Website:</b>	
<b>How would you like us to contact you?</b>	<input type="checkbox"/> By telephone <input type="checkbox"/> By email <input type="checkbox"/> In writing
<b>Do you have any specific communication needs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please describe below:

#### Office use only

Reference:

Date:

Region:

## SECTION TWO: THE PROJECT YOU ARE APPLYING FOR

By 'project' we mean the group, activity, event or item/s you would like us to fund.

<b>Project name</b>	
<b>Total amount requested (£)</b> The total amount you would like us to fund.	
<b>Type of grant requested</b> Please specify which grant/s you are applying for. Please refer to our definitions on guidance notes.	<input type="checkbox"/> Start up ( <i>up to £500</i> ) <input type="checkbox"/> Development ( <i>up to £3,000</i> ) <input type="checkbox"/> User Involvement <input type="checkbox"/> Individual development
<b>Project description</b> Please provide an overview of your project, i.e. what you will do, how you will do it and what you would spend the grant on.  Please refer to the guidelines for what we will and will not fund.	

<p><b>How long has this project been running for?</b></p>	<p><input type="checkbox"/> 0 – 12 months</p> <p><input type="checkbox"/> Over 12 months</p> <p>If over 12 months, when did it start?</p>
<p><b>Why is this project needed and how can you demonstrate this?</b></p> <p>Tell us about what issues or problems this project will address and how you have consulted the people who would use the project.</p> <p>Examples include: conducting surveys; gathering feedback; waiting lists; service gaps; oversubscription</p>	

<p><b>Is the project aimed at particular members of the community?</b></p> <p>This might be people with a particular cancer type, gender, sexuality, ethnic, age, etc.</p>	<p><input type="checkbox"/> No, open to all</p> <p><input type="checkbox"/> Yes</p> <p>If yes, please specify who and why:</p>	
<p><b>How will the project benefit people affected by cancer?</b></p>		
<p><b>How many people will your project involve?</b></p>	<p><b>Current numbers</b></p> <p>Patients:</p> <p>Carers:</p> <p>Others:</p>	<p><b>Proposed numbers</b></p> <p>Patients:</p> <p>Carers:</p> <p>Others:</p>
<p><b>How will you evaluate the project to find out if it has been successful?</b></p>		
<p><b>If this is not a one-off project, how will you sustain the project after any awarded funds have been spent?</b></p>		



## SECTION FOUR: DATA PROTECTION AND PUBLICITY

By submitting this form, you agree to us:

- recording your details on a database, to help provide us with useful data about the applications we receive;
- publishing your details on our online Macmillan Directory to help improve access to local support groups for people affected by cancer. We will contact you about this separately.

We may also contact you from time to time by phone, email, text or post to tell you about how we can support you and how you can get involved with our work. Your details will be kept securely and only shared with our suppliers or partners who work on our behalf or with us to deliver and improve services for people affected by cancer. We never sell or swap your detail with third parties.

- Please tick here if you do not want us to use your information in this way.

## SECTION FIVE: CHECKLIST AND DECLARATION

Before submitting this application form, please tick all boxes to confirm you have done the following:

- Discussed your application with your Macmillan Involvement Co-ordinator, and where practical, had the form signed off.
- Answered all of the questions.
- Checked your financial breakdown ensuring that the totals are correct and that they do not exceed the upper limits of £500 or £3000?
- Attached evidence of bank account details e.g. copy statement, letter from bank.

I confirm that the information on this application is true and accurate, and have read and agree with the terms and conditions outlined in the application pack.

**Name:**  
**Signed:**  
**Date:**

- Seen by Macmillan Involvement Co-ordinator

**Name:**  
**Signed:**  
**Date:**

Once you have completed the application form in full please send the form to:

**Email:**  
[resources@macmillan.org.uk](mailto:resources@macmillan.org.uk)

**By post:**  
Inclusion Admin and Project  
Support Officer, FREEPOST RLTC-  
ARUZ-ELSC, Macmillan Cancer  
Support, 89 Albert Embankment,  
London, SE1 7UQ

**By fax:**  
0207 091 2187  
*(please mark for the attention of the  
Inclusion Admin and Project Support  
Officer)*