

Macmillan **CARE** Grants Programme

Culture • Agency • Respect • Equity

Applicant Information Pack

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Application process and timeline

How to apply – step by step

1**STEP 1: Check you're eligible**

Complete our online eligibility checker: <https://forms.office.com/e/27teXFs3c6>
This quick quiz will tell you if your organisation meets the basic criteria.

2**STEP 2: Read this information pack along with the application guidance [here](#)**

Make sure you understand what we're looking for and whether your idea is a good fit. Pay particular attention to the three themes and funding priorities.

3**STEP 3: Get in touch if you need access support or would like to have a one-to-one conversation with a member of the team**

Use our support request form if you need:

- Help understanding any part of the application
- The application form or guidance in a different format (large print, Easy Read, etc.)
- Written information or guidance in a language other than English

Support request form: <https://forms.office.com/e/712FeP2Skn>

We'll acknowledge your request within 5 working days and let you know next steps.

Join a webinar: We're running Grants Information Webinars on the following dates:

- Tuesday 2nd December 2025 at 11:00am – 12:00pm (Register [here](#))
- Thursday 11th December 2025 at 6:00pm – 7:00pm (Register [here](#))
- Thursday 8th January 2026 at 3:30pm – 4:30pm (Register [here](#))
-

These will be an opportunity to find out more about the Macmillan CARE Grant and other Macmillan grants currently available for community applicants.

Email us: For any other questions, email CommunityGrants@macmillan.org.uk

4**STEP 4: Complete the application form**

Important – Please read before starting

The application form is long and detailed (over 60 questions). Although you may not need to answer all questions and there are word limits to guide you.

We do not expect or recommend that anyone completes it directly online in one go.

This is because the online form does not automatically save your progress.

If you close your browser or lose your internet connection, any unsubmitted work will be lost.

To make the process easier and avoid losing any work, please download the Word version first [[click here to download](#)], complete it offline and save as you go.

When you're ready, copy and paste your answers into the online form:

<https://forms.office.com/e/2FhEnGS9Pe>

The form includes:

- About your organisation (governance, experience, communities you serve)
- Project overview (project theme(s), location, project summary, duration)
- Project proposal (what you plan to do, how your community has been involved in developing your idea, partnerships, learning approach, risks)
- Project budget and organisational finance (project costs, funding sources, and organisation's financial capacity)

5**STEP 5: Submit by the deadline**

Please submit your application by **5pm on Friday 23rd January 2026**.

We will send you an automatic confirmation email once we have received your application.

6**STEP 6: We may ask for clarification**

During assessment, we might contact you to:

- Make sure we have properly understood something in your application
- Ask for more information about something you have written
- Discuss your budget or who you plan to work with

Assessment period: **26th January to 27th February 2026**

This is a normal part of the process – it doesn't mean there's a problem with your application. Please make sure someone from your organisation can respond to any queries during this period. If your main contact is not available, just let us know an alternative contact.

After an initial eligibility check, we will ask all eligible applicants to provide three years of annual accounts (or all available accounts if your organisation is less than three years old). Please have these ready to send promptly when requested.

7**STEP 7: Decision-making**

Applications will be assessed and scored against 5 key areas:

- Project Design and Feasibility
- Designed from the Margins
- Strong Leadership and Partnerships
- Ability to Create Change
- Value for Money

A decision-making panel including people with lived experience and subject-matter experts will review all eligible applications and make final decisions.

The panel will also consider:

- the quality and strength of individual applications
- having a mix of projects across themes, geographies, and approaches

- having a balance of organisation sizes and types
- potential for learning and clarity of intended system-level impact

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STEP 8: We'll let you know

All applicants will be notified of decisions the week **beginning 9th of March 2026**, whether they are successful or not.

Before final decisions, if your application is **shortlisted**, we may ask for some additional documents. These may include for example:

- Governing document (constitution)
- Safeguarding policy
- Bank details

If you're **successful**, we will send you:

- A formal grant offer letter
- Grant Agreement contract
- Information about monitoring requirements
- Details of the peer support programme
- An invitation to meet your Macmillan contact

If you're unsuccessful, we'll explain why and, where possible, suggest other funding sources or support.

You can apply again in future rounds of the Macmillan Community Grants funding. Future phases will focus on different themes, which will be shaped by learning from this pilot and co-design work with communities. We'll announce new themes well before the next application opens.

Timeline at a glance

Date	What happens
Friday 14th November 2025	Programme opens
Tuesday 2 nd December 2025 at 11:00am – 12:00pm Thursday 11 th December 2025 at 6:00pm – 7:00pm Thursday 8 th January 2026 at 3:30pm – 4:30pm	Grants Information Webinars
Nov 2025 – Jan 2026	Pre-application support calls available
Friday 23rd January 2026	Application deadline (5pm)
26 th January to 27 th February 2026	Assessment and Decision Panel review
Week beginning 9th March 2026	Decisions announced

Background

At Macmillan, we're working to make cancer care better for everyone, no matter who they are or where they live. Our vision is a fairer, healthier future for all.

But right now, many people across the UK are experiencing unfair and unequal cancer care. This means some people receive poorer treatment and have worse outcomes.

This can happen because of:

- people being treated unfairly by systems because of who they are – for example, their ethnicity, gender identity, sexuality, socioeconomic status or disability
- people who have cancer as well as another long-term health condition
- where someone lives, when they need support, or the type of cancer they have

That's why we're working with communities to challenge this unfairness and create lasting change.

We cannot achieve change without community organisations, who understand the needs of their communities. As they can bring their own assets, skills, knowledge and imagination to tackling challenges in the health and social care systems.

Change happens when people have the power to take action and are able to work together. We will work to strengthen the influence of community organisations across the healthcare system.

By 2030, we want to see a thriving network of community organisations across England, Scotland, Wales and Northern Ireland, equipped and confident in their abilities in creating more inclusive and person-centred cancer care.

The world we want to see

We want a health system free from unfairness and discrimination. Every person with cancer in the UK, especially those most marginalised and experiencing the worst outcomes, should be able to get the personalised care and support that they need.

This means:

- **Cancer care is accessible and inclusive** – people can physically reach services, afford them, and understand them, regardless of ability, language or background.
- **Healthcare is welcoming and culturally responsive** – services are free from discrimination and shaped by culture and community. They are designed to meet diverse needs throughout the cancer journey.
- **People have power and choice** – everyone with cancer is involved in decisions about their care, and supported by clear information and advocacy.
- **Shared decision-making is the norm** – healthcare professionals consistently involve people in treatment choices. This includes in ways that work for different communities and their circumstances.

- **Community organisations are valued partners** – a vibrant network of community-led services works alongside healthcare systems to design and deliver care that meets people where they are.
- **Care continues across conditions** – people living with cancer and other long-term conditions receive person-centred support that addresses their full range of needs.

What is the Macmillan CARE Grants Programme?

The Macmillan CARE Grants Programme is a pilot programme designed to test how community-led approaches can tackle deep-rooted unfairness in cancer care. We believe community organisations understand their communities best and are best placed to drive change.

This programme is a first step in our journey to re-imagine how Macmillan funds community-led work. It's a learning opportunity for everyone involved, designed to help us test new approaches without the pressure of strict targets. Future programmes will build on this learning to support our introduction of larger, longer term funding opportunities.

The programme focuses on three connected challenges, which were identified through research and conversations with communities:

Theme 1: Improved Cultural Responsiveness within Cancer Care

Too many people from marginalised backgrounds experience discrimination in cancer care. This includes people from ethnically diverse communities, LGBTQ+ people, disabled people, and those living in the UK's 20% most deprived areas ([Click here](#) to review our deprivation index). This can lead to later diagnosis, fewer treatment options, poorer support and worse outcomes.

Discrimination can be intentional but, in many cases, is caused by a lack of knowledge or understanding. It also happens because discrimination can be built into the way healthcare systems work. This can lower trust in healthcare professionals and the system overall.

Communities across the UK have developed effective ways to support people through their cancer experiences. They do this by drawing on cultural strengths, mutual aid networks, and deep understanding of what matters most to their communities. Many healthcare professionals want to provide culturally responsive care but often lack the knowledge and tools to do so effectively.

Cultural responsiveness means recognising and respecting cultural differences, and actively seeking to understand each person's background, experiences, and needs. It also involves taking an active role in challenging inequities within organisations, building relationships with the communities they serve, and ensuring that the care provided is inclusive and person-centred.

We want to fund projects that help build these bridges, sharing community expertise with healthcare professionals to create care that works for everyone. While training may

be one way to do this, we are particularly interested in approaches that go beyond training to create lasting change in how care is designed and delivered.

Theme 2: Consistency and Best Practice for Shared Decision Making within Cancer Care

Research shows 40% of people want more involvement in decisions about their care¹. But shared decision-making remains inconsistent, particularly for people from marginalised communities.

Shared decision-making means healthcare professionals and patients working together as partners to make decisions about treatment and care. It combines professional expertise with each person's own needs, preferences and values. This can improve satisfaction with treatment and help people engage more actively with their care.

The 2021 National Cancer Patient Experience Survey (CPES) showed that patients from ethnic minority backgrounds and people with learning disabilities consistently felt less involved and satisfied with their cancer care compared to other groups². These differences in experience continue even after considering age, gender, or socioeconomic background. This means the gaps aren't just due to those factors. They show real differences in how inclusive and responsive cancer care feels for many marginalised communities.

We're looking for projects which put people's voices and choices at the heart of cancer care. We're particularly interested in ideas that drive systemic change and welcome bold, creative approaches.

Theme 3: Dementia-Friendly Cancer Care

People living with cancer and dementia often receive less treatment than others³. This can be partly due to assumptions about what people are able to manage. While some differences in treatment may reflect personal choice, research suggests that decisions are also influenced by perceptions of a person's cognitive ability, frailty, and the level of carer support available. Some healthcare professionals also report feeling uncertain about how best to involve people with dementia in treatment decision-making.

Dementia can also make it more difficult to navigate cancer care and wider health services. This is because they are often not designed to meet the needs of people with cognitive impairment. For instance, understanding and remembering complex information about treatment can be difficult.

Communication challenges also mean people may need extra support to express their needs. People living with cancer and dementia may also face practical hurdles. These

¹ Care Quality Commission, 2025. *Adult inpatient survey 2024*, 9 September. Available at: <https://www.cqc.org.uk/publications/surveys/adult-inpatient-survey>

² NHS England. National Cancer Patient Experience Survey 2021. Available at: <https://www.ncpes.co.uk>

³ Ashley L, Surr C, Kelley R, et al. Cancer care for people with dementia: Literature overview and recommendations for practice and research. *CA Cancer J Clin*. 2023;73(3):320-338. doi:10.3322/caac.21767

include travelling to multiple appointments, finding their way around unfamiliar hospital settings, and monitoring or reporting side effects between visits.

We want to fund approaches that ensure no one living with both cancer and dementia is overlooked.

Our funding priorities

The priorities below show what we're looking for in the projects we fund. We want to support work that tackles unfairness, challenges systems and creates lasting change.

1. Designed from the margins

We want projects shaped by those who experience the greatest barriers and exclusions, people at the intersections of multiple forms of disadvantage. Designing from the margins isn't just about listening to these voices; it's about putting them at the heart of the process. For example, co-designing dementia-friendly cancer care with people at the intersection of race, disability, gender identity and deprivation. By designing for those furthest from advantage, we create systems and services that work better for everyone.

2. Strong leadership and partnerships

We're looking for projects that show local or national leadership which are grounded in strong partnerships. These can be communities, health services or other organisations. These are essential for creating sustainable change beyond the grant. Projects should generate learning that others can build on and adapt to their own settings.

3. Ability to create change

Projects should show a clear understanding of the system they're working in, with defined goals, a solid plan and the right resources to deliver. It's important to know what other services or conditions are needed for success and how your project fits within them.

Who can apply

You can apply if you are a voluntary, community, faith or social enterprise (VCFSE) organisation based in the UK, including:

- Registered charity
- Charitable Incorporated Organisation (CIO)
- Community Interest Company (CIC)
- Company Limited by Guarantee
- Faith-based organisation
- Residents/tenants association and community groups
- Local sports clubs and Recreational/Social club
- Community benefit society

Your organisation needs to:

- Be UK-based (England, Scotland, Wales or Northern Ireland)

- Have governance appropriate to your size and the grant you're applying for (minimum 3 unrelated trustees/directors and 2 unrelated bank signatories)
- Show experience addressing health inequities or working as a trusted partner with communities facing barriers to cancer care
- Be able to deliver the project within the grant timeframe (grants are for either 1 year or 2 years)
- Demonstrate community-led, co-designed approaches
- Show how your project will make a difference for people living with cancer

Already funded by Macmillan?

You can still apply if:

- ✓ Your new project is completely separate from existing Macmillan-funded work
- ✓ There's no duplication of costs
- ✓ You can manage multiple projects at once
- ✓ You're up to date with all Macmillan reporting requirements

Who cannot apply as lead applicant:

- Commercial businesses and sole traders
- NHS trusts, hospitals or local authorities
- Informal support groups without a legal structure (Unincorporated groups)
- Unregistered charities
- Organisations with 2+ years of late submissions to Charity Commission/Companies House
- Organisations with unmanaged financial instability, i.e. your organisation has had more debts than assets (net current liabilities) in the last 2 completed financial years without a plan to address this
- Organisations with paid trustees without proper approval
- CICs that distribute dividends to private shareholders
- Organisations with inadequate governance or discriminatory practices

Note: NHS organisations and unincorporated groups can be delivery partners but not lead applicants.

What we can and cannot fund

What we can fund

Staff and people costs:

- Salaries for project staff (including recruitment costs)
- Freelance trainers, facilitators and consultants

- Fees for experts by experience and community facilitators
- Training and supervision for project staff

Project delivery costs (examples of possible activities):

- Training design and delivery
- Reverse mentoring programmes
- Action research and testing new approaches
- Awareness-raising or promotional activities that aim to influence change
- Partnership development with NHS, social care or other organisations
- Co-design workshops with communities
- Resource development (materials, tools, accessible formats)
- Venue hire, equipment hire, refreshments
- Project overheads (e.g. public liability insurance)
- Accessibility accommodations (BSL interpreters, transport, etc.)

Evaluation and learning costs:

- Impact assessment tools and data collection
- Evaluation support (internal or external)
- Report writing and documentation
- Peer learning events and networking
- Conference attendance

Note: We expect 3-10% of your project budget to cover evaluation and learning activities. See '[Evaluation and reporting requirements](#)' for more details.

Organisational costs:

- Up to 15% of total project costs for overhead/core costs (such as rent, utilities, management time that supports the project)

What we cannot fund

Costs that shouldn't be in a grant application:

- Statutory funding replacement (costs that should be covered by the NHS or local authorities)
- Retrospective costs (anything already paid for, including application preparation costs)

- Core organisational costs **beyond the 15% allowance**
- Debt payments, loans, interest payments or building up reserves

Activities outside programme scope:

- Pre-diagnosis activities (screening, early detection) – this programme focuses on post-diagnosis care
- Political lobbying or party-political activity
- Activities primarily promoting religion
- Work that isn't legally charitable
- Activities generating private profit
- Individual sponsorship or redistributing grants to individuals or other organisations
- Activities where people are excluded on the basis of religion, sexual orientation, sex, or ethnicity (unless the issue is group-specific and this approach is justified)
- Activities that are not legally compliant (for example, lacking appropriate safeguarding, insurance or data protection measures)

Capital and other excluded costs:

- Buildings, renovations or major equipment
- Purchase of vehicles
- Purchase of alcohol
- Travel or activities outside the United Kingdom

Required attachment and submission format

Your application has two parts:

1. Application form

Complete and submit online using Microsoft Forms:

<https://forms.office.com/e/2FhEnGS9Pe>

2. Project budget (use our template)

Download the Excel budget template [here](#). This should show:

- All project costs broken down by category (staff, delivery, evaluation, etc.)
- Income (Macmillan grant request + any other funding sources)

- Cost justification for significant items
- Year 1 and Year 2 costs (if applying for 2-year funding)
- Email your completed budget to: CommunityGrants@macmillan.org.uk
 - Subject line: CARE Grant Budget – [Your Organisation Name]
 - File format: Excel (.xls or .xlsx)
 - File size: Maximum 10MB
 - File name: OrganisationName_Budget_CAREGrant.xlsx

That's it. No other documents are required at submission.

What about other documents?

During assessment

Once we've confirmed your eligibility, we will ask you to provide three years of annual accounts (or all available accounts if your organisation is less than three years old). Please have these ready to send promptly when we contact you.

If your application is **shortlisted**, we may ask you to provide supporting documents such as:

- Governing document (constitution)
- Safeguarding policy
- Bank details

Assessment overview

We want to make sure all applications are assessed fairly and consistently. Each application is reviewed using clear criteria and receives a score. Final decisions are made by a decision-making panel that includes people with lived experience and subject matter experts.

How applications are scored

All eligible applications are assessed and scored against five key criteria.

Criterion	Weight	What we're looking for
Project Design and Feasibility	30%	Clear focus on at least one programme theme, with a well-thought-through plan that can be delivered within the timeframe. Strong rationale connecting activities to outcomes, with risks and mitigations clearly identified.
Designed from the Margins	20%	Projects shaped by those experiencing the greatest barriers, people at the intersections of multiple forms of disadvantage. Lived experience embedded in leadership, project design and delivery. As well as evidence of co-design and co-production with communities.

Strong Leadership and Partnerships	20%	Demonstration of local or national leadership grounded in strong partnerships with communities, health services and/or other organisations. Clear approach to learning and evaluation that can be shared with others.
Ability to Create Change	20%	Clear understanding of the system you're working in, with defined goals for systemic impact (not just supporting individuals). Showing what other services and conditions are needed for success and how your project fits within them.
Value for Money	10%	Costs are reasonable, proportionate and clearly justified. Budget aligns with planned activities. Clear explanation of overhead costs and any match funding or in-kind contributions.

If we have a large number of strong applications, we may use information that is not scored to help choose between applications. This is called using **balancing criteria**, which is a process funders often use to make sure their grants fund a variety of different organisations, reach different communities, and help in different ways.

Our main assessment process will score applications using the framework above, but we may adjust our final decisions to:

- Have a balance of different grant themes, areas of the UK, organisation type, organisation size, and communities the organisation supports.
- Make sure that organisations serving people in the 20% most deprived communities are represented

The decision-making panel may:

- Fund applications in full
- Fund applications with conditions (e.g., requesting a more detailed project plan or evaluation framework)
- Request clarification before making a final decision
- Decline applications with feedback

Evaluation and reporting requirements

We've designed our evaluation and reporting approach to be useful to the communities you work with, and to support wider learning across partner organisations including Macmillan. We value all forms of insight to support our learning, including stories, data, and community feedback. We're interested in understanding your project's contribution to change and what you learn along the way.

Impact stories

- You will receive support and guidance to provide **5 to 10 anonymised impact stories**, shared each year with our independent evaluation partner. Two-year grants will be asked to repeat this cycle in their second year.
- You'll also be asked to send a representative to join a facilitated online session with other grantees under the same theme, once per year to review impact stories and share learning. See the "[Capacity strengthening offer](#)" section for further details.

Your own evaluation

- You will be asked to conduct **evaluation on a learning question of your choosing**, using methods that work for you and your community.
- We recommend you budget **3-10% of your grant** to support this learning, which might cover things like external evaluation support, staff time, participant expenses, or tools. The evaluation budget is there to help you learn and demonstrate impact in ways that benefit your organisation and community.
- We ask that all **grantees share any final outputs or reports with us**, so that we can share them with other grantees working on the same theme to learn from each other's work.

Regular updates

- Submit brief financial and progress reports (template provided) at the midpoint for 1-year grants, or every 6 months for 2-year grants to ensure consistent monitoring throughout the grant period, due within one month of the reporting date.

End of grant report

- Final report covering achievements, learning, and next steps

Optional

- Our learning partner may invite you to share reflections on your experience of working with Macmillan Cancer Support, to help us to improve as funders. This is a voluntary activity.

What we provide

- Templates and guidance for all reporting
- Evaluation support and peer learning opportunities
- Flexibility if you face challenges meeting deadlines

Capacity strengthening offer

We recognise that delivering great projects requires more than just funding.

All CARE grantees will be part of a **peer learning network** where you can connect with other grantees, share what's working (and what isn't), and learn from each other's experiences.

We'll bring you together **at least twice** during the duration of the grant to explore key themes, tackle common challenges, and build relationships that last beyond the funding period.

At least one of these sessions will be a **theme-based, facilitated review of anonymised impact stories**. You will be invited to send a representative once per year to join other grantees working on the same theme to discuss learning, compare practice, and reflect on impact. This session is designed to strengthen practice for the benefit of the people you support.

Frequently Asked Questions

For more information, please refer to the latest FAQ document available on the webpage.

Eligibility and organisation requirements

Q1. We're a small organisation – can we still apply?

Yes. We welcome applications from organisations of all sizes, as long as you meet the eligibility criteria. What matters most is your connection to the community, your idea, and your ability to deliver the project.

Q2. We don't currently work on cancer – can we apply?

You don't need to be a cancer-focused organisation, but you do need to show relevant experience – for example, working with marginalised communities on health equity, running dementia services, or improving cultural responsiveness among healthcare professionals. What matters is your ability to address barriers to cancer care.

Q3. Can we apply if we're already funded by Macmillan?

Yes, as long as the new project is completely separate from your existing Macmillan-funded work, there's no duplication of costs, you can manage multiple projects, and you're up to date with reporting requirements.

Q4. Our organisation is based outside the UK but works in the UK – are we eligible?

No. Lead applicants must be UK-based organisations. However, if you work in partnership with a UK-based lead organisation, you could be a delivery partner.

Q5. We're an NHS organisation – can we apply?

NHS trusts and hospitals cannot apply as lead applicants. However, you can be a delivery partner in a project led by a community organisation. We actively encourage NHS-community partnerships.

Q6. What does "appropriate governance" mean for different organisation sizes?

At minimum, you need:

- 3 unrelated trustees/directors
- 2 unrelated bank signatories
- Safeguarding policy and procedures
- Basic financial controls, such as:
 - Two signatories for payments over a set amount
 - Regular bank reconciliations
 - Receipts and records kept for all income and spending

Budget and finance

Q7. What counts as "core costs" in the 15% allowance?

Core costs are overheads that benefit your whole organisation, not just this project. Examples:

- **Can include in 15%:** rent, utilities, insurance, senior management time, HR/finance support, IT systems and on-going software licensing or subscription costs that support your organisation's overall operations
- **Don't include in 15%:** project staff salaries, project-specific equipment, evaluation costs

(These are "direct costs" and should be in your main project budget)

Q8. Can we include contingency in the budget?

Yes, including a modest contingency for unexpected costs is a sensible approach, provided you clearly explain what it's for and how it will be used in the Budget Template. For projects taking place over 2 years, we also encourage you to factor in inflation.

Q9. Can we pay ourselves to develop the application?

We're unable to cover application preparation costs as grants can only fund future activities. However, we have support available if you need help completing the form:

Use our [application support request form](#) to:

- Request the form in a different format (e.g. large print, Easy Read)
- Arrange translation of the information or guidance
- Book a 30-minute call to get help with understanding any part of the application

For any other questions, email CommunityGrants@macmillan.org.uk

Q10. What if our project costs more than £150,000?

You can apply for up to £150,000 from Macmillan and show other funding sources in your budget.

However, if your project relies on additional funding that isn't yet confirmed, explain your contingency plan when answering the application question: **"What risks do you**

anticipate in delivery of this project and how are you mitigating those?” Tell us what you'll do if that funding doesn't come through – for example, whether you'll scale back certain activities, phase the project differently, or find alternative resources.

Q11. Can we move money between budget lines once funded?

Small changes (under 10% of any budget category) are fine – just tell us in your progress report. Larger changes need approval from your Macmillan Contact before you make them. We're usually flexible if there's a good reason.

Application process

Q12. Can we apply for more than one project?

Yes, you can submit multiple applications for different projects. Each will be assessed on its own merits. However, think carefully about your capacity to deliver if both are funded.

Q13. Can we apply under more than one theme?

Yes, many issues overlap. For example, a project on shared decision-making for people from ethnic minority communities addresses both cultural responsiveness and shared decision-making. Please note that addressing more than one theme won't make your application stronger than one focused on a single theme. What matters is the quality and clarity of your approach, not the number of themes you cover. Just be clear how you'll address each theme.

Q14. How long should our application be?

The form has word limits for each question. You don't need to use every word – clear, concise answers are better than long ones.

Q15. Can we submit the application form in Welsh, Gaelic or another language?

Applications must be submitted in English.

However, we have translated this Information Pack into Welsh and can also translate it into other community languages on request.

How to get help:

Contact us at least **3 weeks** before the deadline to arrange language support:

- Complete our support request form: <https://forms.office.com/e/712FeP2Skn>
- Or email: CommunityGrants@macmillan.org.uk

Please note: If your application is successful, reporting and learning events will also be in English (with interpretation support where possible).

Q16. What if we miss the deadline?

To be fair to all applicants, we can only consider applications received by the deadline.

Q17. How do we know if our application has been received?

You'll get an automatic email confirmation when you submit. If you don't receive this within 24 hours, contact CommunityGrants@macmillan.org.uk to check.

Q18. What support is available to help us apply?**Before you start:**

Eligibility checker – A quick online quiz to check if your organisation and project meet the criteria: <https://forms.office.com/e/27teXFs3c6>

Grants information webinars – Join us online to learn about the CARE Grant and other Macmillan grants. You can ask questions and hear from the team.

Dates:

- Tuesday 2nd December 2025 at 11:00am – 12:00pm (Register [here](#))
- Thursday 11th December 2025 at 6:00pm – 7:00pm (Register [here](#))
- Thursday 8th January 2026 at 3:30pm – 4:30pm (Register [here](#))

While you're applying:

Application guidance – Detailed guidance document walking you through the process step by step. [Click here to view the guidance](#)

Budget template – Excel template with guidance notes to help you plan and present your costs. [Click here to download template](#)

Need additional support?

Complete our [application support request form](#) to:

- Request the form or guidance in a different format (e.g. large print, Easy Read)
- Arrange translation of information or guidance
- Book a 30-minute call to get help with understanding any part of the application
- Get technical help with submitting the online form

Or email us: CommunityGrants@macmillan.org.uk

Office hours: Monday to Friday, 9am to 4:30pm

Project delivery and partnerships**Q19. Do we need NHS partnerships in place before we apply?**

No. However, if partnerships are essential to your project, you should show that you've made contact and there's interest. A letter of support from potential partners strengthens applications.

Q20. Do I need a data sharing agreement with NHS or other delivery partners?

It depends on your project. If you will be sharing data with NHS or other delivery partner organisations, you may need a formal data sharing agreement in place. It's a

good idea to think about this when planning your project and explain in your application how you would manage data securely. If your project is funded, we are open to exploring ways we can support you in putting these agreements in place.

Q21. Can our project be delivered nationally or does it need to be local?

Both are fine. We want a mix of local projects that go deep into one community and national projects that reach more people or influence policy. What matters is that your scale matches your capacity and resources.

Q22. What if our project partners pull out after we're funded?

Get in touch with your Macmillan Contact as soon as possible. We'll want to understand the situation and hear your thoughts on how to move forward, whether that's adapting the project, finding alternative partners, or another solution. This is why we ask about risks in the application – showing you've thought about plan B is helpful.

Q23. Can the project involve work in hospitals or GP surgeries?

Yes, if the healthcare provider agrees. You'll need their permission and appropriate insurance. We're interested in projects delivered in the settings that work best for the communities you serve – whether that's healthcare premises, community spaces, or both.

Templates

Budget template [[Click here to download template](#)]

1. Download the budget template (Excel)
2. Be specific: don't just write "Staff costs £80,000" – show how many staff, what roles, the rough time commitment.
3. Justify significant costs on the "budget narrative" worksheet
4. Include all costs even if not all are covered by this grant
5. Show Year 1 and Year 2 separately if applying for 2-year funding
6. If you have match funding or in-kind contributions, show these clearly
7. Crucially, the budget should balance

Accessibility and support guidance

We want everyone who could benefit from this funding to be able to apply, regardless of how you communicate or access information. We know that traditional application processes can create barriers, so we want to offer flexible, practical support.

We can help with:

- Alternative formats (large print, Easy Read, etc.)

- Translating written information or guidance materials into your preferred language
- Talking through your application (e.g. your project proposal or budget template)
- Any questions about the application process itself

Contact us:

Complete our Support Request form: <https://forms.office.com/e/712FeP2Skn>
or email CommunityGrants@macmillan.org.uk

We'll work with you to make applying as straightforward as possible.

All accessibility requests are **confidential** and won't affect your application assessment.

Glossary

An A-Z guide to words and phrases commonly used in funding applications.

Action research

A way of learning by doing. You try something, see what happens, learn from it, and adapt your approach. It's particularly useful for testing new ideas when you're not sure yet what will work best.

Asset-based approach

Starting with what communities already have (skills, knowledge, relationships, resources) rather than focusing only on problems or needs. It recognises that communities aren't just recipients of services – they have expertise and assets too.

Baseline

Where things stand before your project starts. If you want to show you've improved something, you need to know the starting point. For example: "At baseline, only 20% of staff felt confident supporting people with dementia."

Beneficiaries

People who benefit from your project. **Direct beneficiaries** are people you work with directly (e.g., healthcare staff you train, patients you support). **Indirect beneficiaries** are people who benefit because of changes you create (e.g., patients who get better care because staff are better trained).

Capital costs / Capital expenditure

Money spent on physical things that last a long time, like buildings, major equipment, or vehicles. Most grant programmes don't fund capital costs because they want money to go to activities and people instead. This programme doesn't fund capital costs.

Capacity strengthening

Support that helps organisations get stronger – for example, training for staff, improving governance, better evaluation skills, financial planning. It's about developing your ability to do your work effectively and sustainably. (Note: Some funders call this "capability building" or "capacity building" but Macmillan uses "Capacity strengthening".)

Charitable purposes

Activities that qualify as charitable under UK law. There are 13 types including:

preventing or relieving poverty, advancing education, advancing health, advancing citizenship or community development. Your work must fit one of these and be for public benefit. See: www.gov.uk/government/publications/charitable-purposes

Co-design / Co-production

Working *with* communities, not *for* them. People with lived experience are equal partners in designing, delivering and evaluating your project – not just consulted. Power is shared, not held by professionals alone.

Community-led

Projects where community members and people with lived experience have real power and decision-making, not just input. Leadership might come from community organisations or be embedded in how mainstream organisations work.

Core costs / Core funding

Money for your organisation's general running costs (rent, salaries of central staff, insurance, governance) rather than a specific project. **Unrestricted funding** is another term for this. Most grants are "restricted" (only for a specific project) but may allow a small % for core costs. This programme allows up to 15%.

Cultural responsiveness

Also known as: Cultural competence, Cultural sensitivity, Cultural humility, Cultural safety, Cultural intelligence

Cultural responsiveness means recognising and respecting cultural differences, and actively seeking to understand each person's background, experiences, and needs. It's about listening carefully, being open to learning, and avoiding words or actions that could cause harm. It also means being flexible, adapting how you speak, act, or make decisions so everyone feels safe, respected, and included.

In short, it's about treating people fairly and engaging with them as individuals, valuing their unique perspectives, experiences, and the communities they come from.

Dementia-friendly

Designed to meet the needs of people living with dementia. For example: clear signage, familiar routines, quiet spaces, extra time for appointments, information in simple formats, training for staff on communication approaches.

Designated funds

Money you've set aside for a specific purpose (not the same as restricted funds which have external conditions). For example, your board might designate funds for future building repairs.

Designing from the margins

When designing a new programme the communities who are most affected and marginalised are centred in the design and delivery of the programme. Their needs and lived experience inform the design of the programme and as a result creates inclusive solutions that can meet everyone's needs.

Direct costs

Costs directly related to running your project – staff salaries, equipment, activities, venues. These aren't "overheads" and don't count towards your 15% core cost allowance. Put them in the main project budget instead.

Due diligence

Checks a funder does to make sure an organisation is legitimate, well-governed, and financially sound before giving them money. You might be asked for: accounts, governing document, safeguarding policy, bank details, Charity Commission registration.

Equalities Act 2010

UK law that protects people from discrimination based on: age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex, sexual orientation. These are called "protected characteristics." Your organisation must comply with this law.

Evaluation

Finding out whether your project made a difference and how. **Formative evaluation** helps you improve as you go. **Summative evaluation** measures final impact. Good evaluation includes: clear outcomes, ways to measure them, collecting evidence (numbers and stories), reflection, and learning.

Full cost recovery

When a funder pays all the costs of a project, including the organisation's overheads (management, premises, support functions), not just direct delivery costs. This programme offers partial cost recovery (up to 15% for core costs).

Governance

How your organisation is run and overseen. This includes: your board of trustees/directors, policies and procedures, decision-making processes, financial controls, managing risk, ensuring you meet legal duties. Good governance protects your organisation and the people you serve.

Grant agreement

The legal contract between you and the funder if you're awarded a grant. It sets out: how much money you'll receive, what you'll do with it, when you need to report, what happens if things change. Read it carefully before signing.

Health inequities / Health inequalities

Unfair and avoidable differences in health outcomes between groups of people. For example, people from deprived areas have worse cancer survival rates than people from wealthier areas. **Equity** means fairness – giving people what they need to have equal outcomes, not treating everyone identically.

Impact

The difference you make in the longer term – the lasting change that happens because of your work. (Different from outputs or activities.)

In-kind contributions

Support you receive that isn't cash – for example, free venue hire, volunteer time,

donated equipment, pro-bono professional advice. Some funders count this as "match funding."

Lived experience

Direct personal experience of an issue or situation. In this programme, this includes people who have lived with cancer, dementia, discrimination, or barriers to healthcare, as well as family members and carers who have become experts through their caring experience.

People with lived experience are experts in what works and what doesn't – their knowledge should shape projects.

Marginalised communities

Groups of people who face systemic barriers that limit their access to resources, opportunities, and decision-making. These communities often experience overlapping forms of discrimination and disadvantage. In health contexts, this can include ethnically diverse communities, LGBTQ+ people, disabled people, people experiencing poverty, and people with multiple long-term conditions.

Match funding

Money from other sources that complements a funder's grant. For example, if Macmillan gives you £80,000 and another funder gives £40,000 for the same project, the £40,000 is "match funding." Match isn't required for this programme but can strengthen applications.

Monitoring

Regularly checking and recording what your project is doing and how it's going. Lighter touch than evaluation – more about tracking progress and spotting problems early. Funders usually ask for monitoring reports every 6-12 months.

Outcomes

Changes that happen for people, communities or systems because of your work. For example: "Healthcare staff feel more confident supporting people with dementia" or "Patients from minority ethnic backgrounds report feeling more involved in decisions." Outcomes are about change, not just what you delivered.

Outputs

What you directly deliver or produce. For example: "We trained 50 nurses" or "We created a toolkit." Outputs are important but they're not the same as outcomes (which are about the difference those outputs make).

Overhead costs

See "Core costs."

Partnership / Partnership working

Working together with other organisations towards shared goals. True partnership means: shared power and decision-making, mutual benefit, clear roles, and ongoing communication.

Pilot / Pilot project

Testing something new on a small scale before rolling it out more widely. Pilots are

about learning what works. They're expected to be experimental – some things might not work, and that's OK if you learn from it.

Proportionate evaluation

Evaluation that matches the size and complexity of your project. A £50,000 pilot shouldn't need a £10,000 external evaluation – simple, practical monitoring might be enough. The effort you put into evaluation should be proportionate to what you can learn and the risks involved.

Reach

How many people your project works with or affects. Sometimes called "scale." For example: "We reached 200 healthcare professionals across 8 NHS trusts."

Restricted funds

Money that can only be used for a specific purpose. Grants are usually restricted – you can't spend a healthcare grant on building repairs. You must keep restricted and unrestricted funds separate in your accounts.

Retrospective funding

Paying for things that already happened. Nearly all funders (including this programme) don't do this – they only fund future costs. You can't claim application preparation costs or activities you've already delivered.

Reverse mentoring

A way of learning where people with lived experience – such as patients, carers, or community members – share what they know with professionals who work in the services that affect them. Instead of traditional top-down training, reverse mentoring lets community experts act as teachers. It helps professionals understand barriers, cultural needs, and the real experiences of the people they support. It's based on the idea that those who use complex systems often know best what works, what doesn't, and what would make things better.

Safeguarding

Protecting people from harm, abuse and neglect. Your safeguarding policy must cover: how you safely recruit staff/volunteers, how you recognise and report concerns, training for your team, and clear procedures. Essential for any work with vulnerable people.

Scalability / Scaling up

Whether a successful project could be expanded to reach more people or places. Funders like projects that could grow beyond the initial pilot if they work well.

Shared decision-making (SDM)

A way of making healthcare decisions where professionals and patients work together as partners. The professional shares information and options, the patient shares their values and preferences, and together they reach a decision that works for that person's life. Sometimes called "supported decision-making."

Social value

The wider benefits of your work beyond the direct project outcomes. For example: volunteers gaining skills, reduced NHS costs because of earlier intervention,

communities feeling more connected. The Public Services (Social Value) Act 2012 requires public bodies to consider social value in commissioning.

Statutory services / Statutory sector

Services that must be provided by law – usually by government, NHS, or local authorities. "Statutory funding" means public money. This programme won't replace costs that statutory services should pay for from their own budgets.

Systemic change

Changing the system, not just helping individuals within a broken system. For example: training 100 nurses is good, but changing how all nursing training includes cultural competency is systemic change. It's about shifting structures, policies, cultures and power.

Theory of Change

Your explanation of how and why your project will lead to change. It shows: the problem you're tackling, what you'll do about it, what you expect to change as a result, your assumptions, and your evidence for why this approach should work.

Unrestricted funding

See "Core funding."

Value for money

Making sure the results of your project are worth the costs. It's not about choosing the cheapest option – a project that costs more can still offer better value if it delivers greater impact or reaches more people. Funders usually consider whether the costs are reasonable (economy), whether resources are being used well (efficiency), and whether the project's outcomes are being achieved (effectiveness).

VCFSE sector

Voluntary, Community, Faith and Social Enterprise sector. The collective term for charities, community groups, faith organisations and social enterprises (as opposed to public sector or private businesses).