

Doncaster VCFS Micro-grant Fund

Q1. Please include your group name and project name in the boxes below. Please **circle the boxes below whether you are: not for profit, third sector, voluntary or community group.**

Organisation Name:

Project Name:

Are you a member of Voluntary Action Doncaster?	
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Not for profit	Third Sector	Voluntary	Community Group
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Q2. Contact details.

Name:

Position

Telephone number(s):

Email:

PLEASE NOTE: IF YOU PREFER YOU CAN MAKE A VERBAL APPLICATION DIRECT TO THE PANEL. SIMPLY RESPOND TO QUESTIONS 1 -2 AND RETURN THIS FORM WITH A COVERING EMAIL REQUESTING AN APPOINTMENT WITH THE PANEL. YOU WOULD NEED TO BE PREPARED TO BE ABLE TO PROVIDE ALL THE INFORMATION ASKED FOR IN THIS APPLICATION FORM.

**Q3. What are you planning to do? Why have you chosen to do this?
How will the grant be used? How long will you project last for?**

When answering please explain how your project fits with the priorities set out in the funding guidance

Q4. Explain who will benefit from the project and how. What are the expected outcomes?

Q5. Have you partnered with another organisation to deliver your project?
If you are working in partnership, both organisations must fill in an application each.

YES NO

Name of organisation:	
How much have they applied for?	
How long have you worked in partnership for?	

Q5. Please provide a breakdown of the cost of the project. Include quotations where relevant

Description	Total cost	Grant requested

Total	£	£

Q6. If the project costs are more than the grant then please state how the difference will be funded.

Declaration and Terms of Grant:

All information given must be correct, throughout the application.

If your application is successful, required to provide a feedback report. This can either be a written report/presentation an end of project interview with one of the funding panel members..

Applications can only be considered for groups who have a Bank or Building Society account where at least two signatures are required to draw funds. Please tick the box to confirm this:

The following section should be completed by two account signatories to confirm that the information in the application is correct.

Full Name:	Position in group:
Signature:	Date:
Full Name:	Position in group:
Signature:	Date:

Thank you for your application, please submit this form to:

microgrants@voluntaryactiondoncaster.org.uk