# 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? |  |  |  |  |  |  | | --- | --- | --- | --- | | Not for profit | Third Sector | Voluntary | Community Group |   . |
| 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. | |
|  | |
|  | |
|  | |
| 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](mailto:microgrants@voluntaryactiondoncaster.org.uk)