Please use **BLOCK CAPITALS**, when handwriting this application.

You must not change any of the questions or alter any parts of the form. If you do, we will not accept your application.

The Application Form cannot be amended after receipt of submission.

**Section 1 - Contact Information**

Sections 1-3 & 4 to be completed by all applicants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Organisation Name/Individual Name |  | | |
| 1.2 | Contact Name (If applying on behalf of an organisation) |  | | |
| 1.3 | Address |  | | |
| Postcode: | | |
| 1.4 | Telephone Number |  | | |
| 1.5 | Email Address |  | | |
| 1.6 | Website Address (If applicable) |  | | |
| 1.7 | What type of organisation are you? | Community Group | |  |
| Registered Charity (Incl, reg no): |  |  |
| Social Enterprise | |  |
| Other | |  |

**Section 2 – Tell Us About You/Your Organisation**

2.1 What category does your project fall into?

|  |  |  |  |
| --- | --- | --- | --- |
| Active Lifestyles |  | Older People |  |
| Arts & Culture |  | Health & Wellbeing |  |
| Young people |  | Homeless/Poverty |  |
| Employment Support |  | Other (please specify) |  |
| Environment |  |  |  |

2.2 Have you previously received funding from the Test Bed Fund at MVA? If so please skip question 2.3.

Yes/No

2.2 Please provide a brief description of the activities you/your Organisation undertake *(max 200 words)*

|  |
| --- |
|  |

2.3 If your application for grant funding is related to a children’s or vulnerable group/activity(s),

are all the relevant Children and Young Peoples’ Disclosure Certificates up to date?

|  |  |
| --- | --- |
| Yes | No |

**Section 3 – Tell Us About the Project/Activity You Wish To Support**

3.1 Tell us about your project/programme or initiative.

|  |  |  |
| --- | --- | --- |
| 3.2 Title of Project | | |
| 3.3 What is your project?  *Please provide a brief description of your project (max 250 words)* | | |
| 3.4 How will your project engage isolated or lonely people with the community? *(max 200 words)* | | |
| 3.5 What are your 3 main outcomes? Please tell us the 3 key aims your project will hope to achieve: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 3.6 How many people will participate/benefit? | |  |
| 3.7 When will your project run? | |  |
| Start Date | |  |
| End Date | |  |
| Schedule (IE: How many sessions will be held)? | |  |
| 3.8 Where will it be held? | | |
| 3.9 How will the project create positive outcomes for the participants? *(max 200 Words)* | | |
| 3.10 Who will manage the delivery of the project/activity and measuring process? | | |
| 3.11 How will you evaluate the project/activity? *(max 200 words)* | | |
| 3.12 Have you planned for sustainability and legacy? Please give details (max 200 words) | | |
| 3.13 What is the total cost of your project? | | |
| 3.14 How much funding are you applying to us for? | | |
| 3.15 Please tell us how you will use the funds you are applying for? (Please add or leave blank rows as appropriate) | | |
| **Item** | **Cost** | **How have you worked this out? (EG: £10 per hour x 5 hours x 5 sessions)** |
| Rent/Venue Hire |  |  |
| Staff |  |  |
| Volunteers |  |  |
| Equipment/Materials |  |  |
| Insurance |  |  |
| Training |  |  |
| Other Costs (please specify) |  |  |
|  |  |  |
| **Total** |  |  |
| 3.16 If you have secured additional funding or a ‘match-funder’, please tell us about the funding and how much you would like us to contribute: | | |
| 3.17 What will you do if there a shortfall in funding? | | |

**Section 4 - To Be Completed by All Applicants**

4.1 The board members may use the information you have provided to enable us to tell others about our support.

Signed (on behalf of, if you are applying on behalf of a group/ Organisation)

I confirm that I have read the application guidelines and that I conform to its requirements therein.

Due to General Data Protection Regulations (GDPR), you need to confirm that you understand that

MVA will hold your information securely on file, to help deliver befriending support and monitor the project mentioned herein for five years from the date of application or the end of the project, whichever is later.

|  |
| --- |
| Name: |
| Signature: |
| Date: |

For more information, please contact Dalia Halpern-Matthews on 01634 564939.

Please return your completed application via:

Email: [dalia@mva.org.uk](mailto:dalia@mva.org.uk)

*or*

Post: Medway Voluntary Action Building, 5a New Road Avenue, Chatham, ME4 6BB