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 are unable to accept your application.

We recommend that you read the Application Guidance Notes before submitting this application.

The Application Form cannot be amended after receipt of submission.

**Section 1 - Contact information**

|  |  |  |
| --- | --- | --- |
| * 1.
 | 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 Test Bed Funding from MVA? If the answer is yes, do not answer questions 2.3 or Section 4. Yes/ No

|  |
| --- |
| 2.3 Please provide a brief description of the activities you/your Organisation undertake *(max 200 words):* |

**Section 3 – Tell us about the project/ activity you would like us to support**

|  |
| --- |
| 3.1 Title of Project  |
| 3.2 What is your project? *Please provide a brief description of your project (max 250 words)* |
| 3.3 How many people will participate/benefit? |  |
| 3.4 When will your project run? |
| Start Date |  |
| End Date |  |
| Schedule (IE: How many sessions will be held)? |  |
| 3.5 Where will it be held? |
| 3.6 What does your Organisation need funding for? (Select all that apply) | Project Costs | Core Costs | Capital Costs |
| 3. 7 How much funding are you looking for? |  |

**Section 4 – Please provide two case studies demonstrating past performance**

To include as a minimum:

* Who took part?
* Quotes from beneficiaries and how many people benefited?
* Feedback from partners/service users?
* How you measured and evaluated the impact?

**Section 5 - To be completed by all applicants**

We 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 or **Post**: Befriending Hub, 5a New Road Avenue, Chatham, ME4 6BB