

The Make A Difference Trust

Unit 7 City Business Centre

Lower Road

LONDON

SE16 2XB

Tel: 020 7231 9719

Email: grants@madtrust.org.uk

www.madtrust.org.uk

Registered Charity Number 1124014

**HIV/AIDS Organisations Projects**

**Grant Application Form**

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| **PLEASE:** |
| * **Read our Grant Application Criteria and Procedure document carefully before completing this form to ensure that your organisation is eligible, and that the activities for which you are seeking funding match our criteria.** |
| * **PRINT clearly in BLACK ink and complete ALL sections of this application form.** |
| * **Ensure that an appropriate officer of the organisation signs this form.** |

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| **Name of Organisation** |  |
|  |  |
| **Project Title** |  |
|  |  |
| **Amount Requested** |  |
|  |  |
| **Contact Name** |  |

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| --- | --- | --- | --- | --- |
| **For The Make A Difference Trust’s Office Use Only** | | | |  |
| **Project Reference:** |  | | **Project Reference:** |  |
|  |  | |  |  |
| **Date**  **Recommended to Board:** | |  | | |
|  |  | |  |  |
| **REJECTED / APPROVED AMOUNT: £ DATE:** | | | | |

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| **A.** | **Your Organisation** |
| **Name of Organisation applying:** | |
| **UK Registered Charity Number:** | |
| **Is your Organisation part of a national / larger Organisation: YES / NO**  **If YES, please name:** | |
| **Address for correspondence:**  **City: Postcode:** | |
| **Main Contact:** | |
| **Job Title:** | |
| **Telephone: Fax:** | |
| **Email:** | |
| **Website:** | |

**Section 1: Project Summary**

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| **B.** | **Your Request** |
| **Please state the purpose for which funds are requested (20 words maximum)** | |
| **When is your project due to commence?** | |
| **Amount Requested: £** | |

**Section 2: Your Organisation**

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| **What are the aims of your Organisation?** |
| **What are the core activities of your organisation and estimated number of people living with HIV/AIDS who benefit from your services?** |
| **What is/are the geographical target/s of your Organisation’s work?** |

**Section 3: Your Project**

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| **Project title:** |
| **Start date of Project: End date of Project:** |
| **Which criteria are you submitting your project under? (Please circle accordingly.)**  **A. Vulnerable Children and Orphans**  **B. Home-based and Community Care**  **C. Relief of Poverty**  **D. Education**  **E. HIV and Mental Health** |
| **Please confirm that your organisation will be delivering this piece of work directly.**  **YES / NO**  **If No, please explain:** |
| **How does the Project satisfy the criteria?** |
| **Summarise the purpose of this Project, explaining how the need for this Project was assessed.** |

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| **Who are the intended beneficiaries of your Project?** |
| **What are the intended outcomes of your Project?** |
| **How will you measure the outcomes of your Project?** |
| **Who will be responsible for this Project? Please attach a diagram of your Organisational staffing structure demonstrating the lines of responsibility from this person to management.** |
| **How do you aim to achieve equal opportunities within your organisation and the Project?** |

**Section 4: Funding**

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| **What is the total cost of this Project? £** |
| **What is the amount requested from The Make A Difference Trust? £** |
| **How much has been secured from other sources?**  **(Please identify the source and the amount.)** |
| **What other applications to fund this Project have been made, and if known, the outcomes?**  **(Please only identify prospective grants where an application has been submitted.)** |
| **Is the Project to continue beyond the period for which funding is requested? YES / NO**  **If YES, how will it be funded?** |
| **How will the Organisation review and appraise the achievements of the Project?** |
| **Has your Organisation previously applied for funding from The Make A Difference Trust?**  **If so, please state the following information: Project, date, amount, granted or rejected.** |

**Section 5: Agreement and Declaration**

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| * **I hereby declare that I am the authorised representative of this Organisation.** * **I hereby declare that all questions contained in this form have been fully and truthfully answered to the best of my ability and that the details stated are correct.** * **I hereby acknowledge that if The Make A Difference Trust makes a grant for the requested Project, any funds granted will be wholly restricted and used exclusively for the purposes described.** * **If approved, I hereby agree to acknowledge the funding of this Project by including the name, logo & website of The Make A Difference Trust on all printed materials and digital media of our Organisation.** * **If approved, I hereby agree to provide the requested reports, if ongoing, and/or final report, upon completion, of this Project, as per the Final Contract; together with authorised permissions to use data and images regarding this Project, provided upon request, on all printed materials and digital media of The Make A Difference Trust.** * **I understand that the details disclosed in this application form by me will be held by The Make A Difference Trust under the terms of the Data Protection Act 1998 for the purposes of assessing and reviewing any financial assistance from The Make A Difference Trust.**   **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 6: Check List**

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| **Before you send the Application, please ensure that you have done the following:**  **(Please tick 🗸 )** | |
| * **Answered all the questions on the Application Form in the spaces provided.** |  |
| * **Signed the Agreement and Declaration in Section 5.** |  |
| **Have you included the following: (Please tick 🗸 )** | |
| **1. A completed Application Form** |  |
| **2. A copy of the Organisations most recent signed audited accounts produced  not later than 10 months after the end of your financial year.** |  |
| **3. A copy of an income/expenditure projection for the Organisation for the  current financial year, distinguishing clearly between income that has   already been confirmed and income that is anticipated.** |  |
| **4. A copy of the organisations most recent Annual Report, if one is published.** |  |
| **5. A copy of the organisations Constitution/Articles of Memorandum.** |  |
| **6. Any additional information you feel The Make A Difference Trust needs to**  **consider in assessing your application.** |  |
| **7. Income/expenditure for the project, separate from the Organisations**  **financial statements.** |  |
| **8. A completed Partner Organisational Assessment Tool Form** |  |
| **Please send the Application to the following address:**  **Grant Applications**  **The Make A Difference Trust**  **Unit 7 City Business Centre**  **Lower Road**  **LONDON**  **SE16 2XB** | |

**Updated Jan 2020**