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| **Prostate Cancer Awareness in Black Men 2021-2022** **Grants Application Form (up to £500)** |
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| **Person/ organisation and general project details**  |
| Name of person/ organisation making this application |  |
| Daytime telephone number |  |
| Email address |  |
| Address of person/organisation’s main office |  | Postcode |  |
| Brief description of you/ your organisation, including the type of organisation (if applicable, e.g. registered charity, CIC) |  |
| Organisation’s registration number(s) (if applicable) |  |
| Project start date |  | Project end date |  |
| **Your project idea** |

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| **What you want to do and what will be the impact of your piece of work***(250-350 words maximum) Please tell us about what you want to do with this grant, including which communities you will engagement with, where this will be and an estimate of how many people you will reach.* |
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| **COSTS BREAKDOWN** |
| You can apply for up to **£500**. Please complete the table below, only including the costs for this project that is the focus of your grant application. |

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| Please give a clear breakdown of all costs, e.g.* Staff costs including the cost per hour and approximate number of hours to be worked(Remember to include on-costs like National Insurance, management time etc.)
* Venue hire, advertising, refreshments, and other event-related costs
* Volunteer costs
* Other actual direct costs you expect to incur in delivering the project
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| **Type of cost** | **Cost for this item** | **Breakdown of the cost** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **TOTAL COSTS** | **£** |
| **TOTAL SUM APPLIED FOR** | **£** |

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| If your project costs more than you are asking us for, please answer the two points below |
| How you will make upthe project cost shortfall |  |
| When you expect to have all thefunds needed for this project |  |

Alternatively you could consider applying to Communities Against Cancer here: <https://actionhampshire.org/what-we-do/projects/communities-against-cancer/>

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| **CERTIFICATION** |
| By submitting this application I confirm that the information on this form constitutes a true overview of the project and gives a true picture of our organisation.  |
| Full name of person submitting application |  |
| **Return your application to:** |
| england.wessexcanceralliance@nhs.net  |

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| **FOR OFFICE USE ONLY** |
| Date application received |  | Date application acknowledged |  |
| Application eligible? | YES / NO | Signature |  | Date |  |
| If not eligible, please explain here |  |