**Grants Programme 2017/2018 Application Form**

|  |
| --- |
| **Title of Proposal:** |
|  |
| **Amount of Grant: (£20,000-£100,000)** |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Lead Applicant Details:** | | |
| Name | First Name | Last Name |
| Post held |  | |
| Organisation |  | |
| Company Registration Number/Charity Registration Number/DfE/Other |  | |
| Summary of organisation aims and objectives |  | |
| Address |  | |
| Postcode |  | |
| Telephone |  | |
| Email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Other Applicants:** | | | |
| Name | First Name | | Last Name |
| Post held |  | | |
| Organisation |  | | |
| Company Registration Number/Charity Registration Number/DfE/Other |  | | |
| Summary of organisation aims and objectives |  | | |
| Address |  | | |
| Postcode |  | | |
| Telephone |  | | |
| Email |  | | |
|  |  | | |
| Name | First Name | Last Name | |
| Post held |  | | |
| Organisation |  | | |
| Company Registration Number/Charity Registration Number/DfE/Other |  | | |
| Summary of organisation aims and objectives |  | | |
| Address |  | | |
| Postcode |  | | |
| Telephone |  | | |
| Email |  | | |

|  |
| --- |
| 1. **Proposal Summary (maximum 500 words)** |
|  |

|  |  |
| --- | --- |
| 1. **Proposal Timescale** | |
| Start date |  |
| End date |  |
| If more than 12 months provide reasons |  |

|  |
| --- |
| 1. **Key deliverables and anticipated outputs** |
|  |

|  |
| --- |
| 1. **Proposed benefits of project** |
|  |

|  |
| --- |
| 1. **Methodology** |
|  |

|  |
| --- |
| 1. **Project Milestones** |
|  |

|  |  |
| --- | --- |
| 1. **Public Benefit** | |
| Set out how your project will show a  commitment to activities for public benefit and show you have appropriate resources and skills to achieve this. |  |

|  |  |
| --- | --- |
| 1. **Experience** | |
| Set out your experience in delivering projects with public benefit outcomes and the steps you have taken to ensure research results are made available to the public. |  |

|  |  |
| --- | --- |
| 1. **Financial Safeguards** | |
| Please explain the processes you have in place to ensure funds are used for purposes set out in this application. |  |

|  |  |
| --- | --- |
| 1. **Funding** | |
| Have you received or applied for funding from any other organisation for this proposal? | YES/NO\* (delete as appropriate – if YES, please attach a copy of your award letter) |
| Name of funding organisation |  |
| Reference number |  |
| Amount of funding received or applied for |  |
| Duration of funding |  |

|  |  |
| --- | --- |
| 1. **Lead Applicant Bank Details** | |
| Account name |  |
| Account Number |  |
| Sort Code |  |
| Name and Address of Bank |  |

|  |  |  |
| --- | --- | --- |
| 1. **Eligibility** | | |
|  | Lead Applicant | Other Applicants |
| Are you currently or have you ever been an employee or committee member of the ICO? |  |  |
| Are you disqualified as a director (Company Directors Act 1986)? |  |  |
| Are you the subject of insolvency or bankruptcy proceedings (including voluntary arrangements with creditors)? |  |  |
| Does your organisation have a safeguarding policy in place? (Required if your proposal involves vulnerable adults or children) |  |  |
| Does your organisation have a diversity and equal opportunities policy in place? |  |  |

|  |  |
| --- | --- |
| 1. **Documents Attached** | |
| Expenses Schedule | YES/NO |
| Copies of Award Letters | YES/NO |
| Constitution/Memorandum and Articles/Other Governance Documents | YES/NO |
| Company Accounts | YES/NO |

|  |
| --- |
| 1. **How did you hear about the Grants Programme?** |
|  |

|  |  |
| --- | --- |
| 1. **Declaration** | |
| I certify that the information I have provided on this application form is correct. I understand that should information be found to be false, the ICO reserves the right to withdraw funding and to recover any funds paid under the Grants Programme. | |
| Signed | Dated |

|  |  |
| --- | --- |
| **For Office Use Only** | |
| Date Application Received |  |
| GGIS Scheme Reference Number | SCH-000003587 |
| GGIS Case Reference Number |  |
| Eligible | YES/NO |
| **1st Review** | |
| Date |  |
| Outcome |  |
| **2nd Review** | |
| Date |  |
| Outcome |  |
| **Commissioner** | |
| Signature |  |
| Date |  |