**Grants Programme 2021/2022 Application Form**

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| **Title of Proposal:** |
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| **Amount of Grant: (£20,000-£100,000)** |
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| 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 |  |
| Data Protection Officer (DPO) details (if applicable for your organisation) |  |

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| 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 |  |

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| 1. **Proposal Summary (maximum 500 words)**
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| 1. **Proposal Timescale**
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| Start date |  |
| End date |  |
| If more than 12 months provide reasons |  |

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| 1. **Key deliverables and anticipated outputs**
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| 1. **Proposed benefits of project**
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| 1. **Methodology**
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| 1. **Project Milestones**
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| 1. **Public Benefit**
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| 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.  |  |

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

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| 1. **Funding**
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| 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 |  |

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| 1. **Data Protection Knowledge/ Support**
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| Set out the details of any access the project lead(s) will have to an organisational Data Protection Officer (DPO) or equivalent (eg specialist legal advice).  |  |

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

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| 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? |  |  |

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| 1. **Documents Attached – Please note, failure to provide these may lead to an automatic rejection of an application**
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| Expenses schedule  | YES/NO |
| Copies of award letters(If applicable) | YES/NO |
| Constitution/memorandum and articles/other governance documents | YES/NO |
| Company accounts  | YES/NO |
| Organisational privacy policy | YES/NO |
| Data Protection Impact Assessment (DPIA) (if required for proposal) | YES/NO |

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