**About you and your group**

|  |  |
| --- | --- |
| **Your name** |  |
| **MAG group name** |  |
| **Address (Inc. postcode)** |  |
| **Telephone** |  |
| **Email** |  |
| **Informal or Constituted group?** |  |
|  |  |

**Tell us about your project**

Please use additional paper if needed.

Remember to be realistic in your planning.

you may not hear the decision on your application for four weeks after we receive it.

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| **Describe how your mutual aid group provides support in the community, and how the grant will help to improve the service you provide.** |
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| **Explain the impact that your group has in the community and how many residents you support on a weekly basis.**  |
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| **If your application is unsuccessful, what would the impact be for the residents?**  |
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|  |
| **How do you plan to spend your grant? Remember that you will need to provide receipts for all expenditure.** |
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|  |
| **Has your group received any grant funding previously? Please list all sources.** |
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|  |
| **Have you previously received a MASG grant? If so, what for?** |
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|  |
| **How much money are you hoping to receive as a MASG grant? (up to £500 is available)** |
|  |

Remember, if your project involves children or vulnerable adults you may need to arrange

Disclosure Barring Service checks for you, your staff, volunteers and committee members and you

will need to sign a declaration. Visit [**gov.uk/disclosure-barring-service**](http://www.gov.uk/disclosure-barring-service)for more details

**BANK ACCOUNT DETAILS:**

|  |  |
| --- | --- |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |

**Declaration and Consent:**

**The information provided is to the best of my knowledge, and I understand that the details given in this application will be used solely for the purpose of the application. I consent to the details contained in this application being held by South Norfolk Council for a period of up to six years. I understand that I can withdraw this consent at any time by contacting South Norfolk Council.**

|  |  |
| --- | --- |
| **Applicant Signature** |  |
| **Print Name** |  |
| **Date** |  |

**Email**: grants@southnorfolkandbroadland.gov.uk

**Post:** MASG, Communities Team, South Norfolk and Broadland District Councils, Cygnet Court, Long Stratton, Norwich, NR15 2XE.

**Tel:** 01508 533633