



## Micro-Grants 2016/17 Application Form

Grants of up to £100 available to small groups without any grant funding

Please return to: [grants.ramseymillion@gmail.com](mailto:grants.ramseymillion@gmail.com)

or

Neighbourhood Office, 25 Great Whyte, Ramsey, Cambridgeshire, PE26 1HG

**Micro grants are available at any time or until the funds have been used up.**

**There is no deadline for applications.**

To request a digital copy of this form please contact the above or 07955 817137 or download from [www.ramseymillion.org.uk](http://www.ramseymillion.org.uk)

<b>(1a) APPLICANT DETAILS</b>	
Title	
First Name	
Surname	
Position in Organisation	
Address	
Postcode	
Email	

<b>(1b) ORGANISATION DETAILS</b>	
Name of Organisation	
Charity No. (if applicable)	
Telephone	
Email	
Location Address	
Postcode	

<b>(1d) ABOUT YOUR ORGANISATION</b>	
Type of Organisation e.g. registered charity, community group, social enterprise etc.	
Date Established	
Does your organisation have a bank account? (Please note <b>WE CANNOT PAY GRANTS INTO PERSONAL BANK ACCOUNTS</b> )	
Briefly what are the main aims of your organisation?	

## (2) TELL US ABOUT YOUR GRANT REQUEST

What is the grant going to be used for? Please give enough information to ensure that we fully understand the aims of your project.	
How much money are you requesting?	
How will it make a difference to your group and its users?	

## (3) MEETING RAMSEY MILLION THEMES

(Please note your application **MUST** fit at least one of the Ramsey Million Themes for it to be considered.)

Ramsey Million Themes has four main themes: <ul style="list-style-type: none"> <li>• <i>Young People</i></li> <li>• <i>Families with Young Children</i></li> <li>• <i>Business, Heritage &amp; Tourism</i></li> <li>• <i>Transport &amp; Access</i></li> </ul> State which theme(s) your application meets.	
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## (4) DECLARATION

I confirm that, to the best of my knowledge, all the information given as part of this application is correct and I have the authority to apply for this grant on behalf of the named organisation.

Name	
Signature	
Date	

## (5) OFFICE USE ONLY

Date Received		App. No.	
Authorisation 1	Name	Signature	Date