**Let’s Talk Cancer & Raise Awareness Funding (Timely Presentation)**

**THE APPLICATION FORM IS FOR EXPRESSIONS OF INTEREST**

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| **COMPLETING THIS FORM** |
| Please use this Expression of Interest form if your group is interested in applying for funding to help raise cancer awareness.Your Expression of Interest form will be considered and if your project is eligible for funding, we will contact you directly.Please refer to the Expression of Interest Guidance Note for help on how to fill out this form. You must answer every question to provide us with sufficient information to establish if your project is eligible for grant funding.  |

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| EXPRESSION OF INTEREST – APPLICATION FORM |
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| Group NameIncluding location or address: |  |  |
| **Chair/Lead Contact details:** |
| **6** |
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| Title  |  | First Name |  | Last Name |  |  |
|  |
| Contact Address Including full Postcode |  |  |
|  |
|  |
| Mobile Number |  |  |
|  |
| Email Address |  |  |
|  |
| URL/Web/Social Media page (if held) |  |  |
|  |
| Bank account details: | **Sort code:****Account Number:****Bank:****Name:**  |  |
| Do you have an alternative contact for your group? If Yes, provide details.  |
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| Email: |  |  |
|  |
| Tel: |  |  |
|  |
| Type of GroupPut the relevant number into this box. See the table below for the key which gives each organisation type a number. If your organisation type is not in this list, write the number 7 and your organisation type in this box. |  |  |
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| 1. Community
2. Voluntary
3. Charity
 | 1. Social group
2. Social enterprise
3. Faith
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| Organisation Registration Number (if applicable) |  |  |
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| Project name This should be a short title for us to use in correspondence. |  |  |
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| Project duration  | Start date (DD/MM/YYYY) |  | End date(DD/MM/YYYY) |  |  |
| Project descriptionGive a brief description of your project. Please include the following information about your project: type of cancer focused on; demographics of audience targeted including how many people will be targeted and/ or involved; when and where your project will take place; a brief cost breakdown of how you will spend the funding; what your project will involve, including language(s) it will be done in; and how you will contribute to the evaluation of this funding.  |
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| **What is your total project cost?** **This is the complete cost of your project.**  | **£** |  |
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| **How much grant funding are you applying for?** **This may not be the complete cost of the project but the amount of funding you are applying for from this fund.**  | **£** |  |
| If the organisation is not already set up on TMBC’s system for payment, I agree that the information given in this form can be used to set it up. Enter name in white box to confirm agreement (instead of a signature). |  |  |

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| **GRANT DECLARATION** |
| I certify that the information contained in this application is correct. I understand that if in any way the information is not correct, the application may be disqualified, or any grant awarded may be repayable on request.If the information changes in any way I will inform Tameside Metropolitan Borough Council as soon as possible. **Main contact for this project:** **Role within organisation:****Enter name to confirm agreement (instead of a signature):****Date:**Please send your completed application by email to: ayeesha.roberts@tameside.gov.uk **and** carol.baguley@tameside.gov.uk by **11pm on Sunday 15th December 2024**.Please put “EOI for Timely Presentation Community Engagement Funding” in the subject field along with the name of you or your organisation. |