



**PROSTATE
CANCER UK**

SUBMIT FORM

or post to: Prostate Cancer UK
(FAO: Yvonne Trace)
Emerson Business Centre,
Regent House, Heaton Lane,
Stockport, SK4 1BS

Support group grant application form

We welcome your strength, innovation and creativity in providing support for men diagnosed with prostate cancer or prostate disease, and their families. This form is for support groups applying for financial support towards delivering this. Grant applications should support one or more of our priorities, outlined below.

Priority 1: To increase abilities and good practice within the group to support men diagnosed with prostate cancer/ prostate disease, and their families.

Priority 2: To increase equality of access to support for all men diagnosed with prostate cancer/ prostate disease, and their families.

Priority 3: To help meet the normal running costs of groups where the group is less than 2 years old or is able to provide evidence that it is unable to meet the costs from its own resources.

The grant scheme is open to any groups who are engaged with Prostate Cancer UK as Partner (Level1) or Affiliate (Level 2). The scheme is not open to applications from individuals.

Are you a registered charity? Yes No

If yes, what is your registered charity number:

Grant applicants must complete the form below either electronically, or, if handwritten, in BLOCK CAPITALS.

Contact details

Contact name:

Support group name:

Address:

Town/city:

Postcode:

Telephone:

Email:

We want to update you on our fight against prostate cancer and tell you about other opportunities to support men. You can help us reduce our costs by ticking the box below to let us share this with you by email - you'll be able to unsubscribe at any time.

Yes, please keep me informed by email Please don't phone Please don't post

Additional information

Please tell us about your organisation's core activity/activities and how long your group has been running for:

Where did you hear about the support group grant scheme?

Please tell us what you would like to use the grant for, how it meets the priorities of the grant scheme (listed above) and how it meets your groups own priorities? Please be specific when answering this question, you may use as much space as you need in your reply.

Do you have any estimated costs of activities/ equipment? Please give details or supply any supporting information you have?

Have you applied to any other grant scheme for money for the same purpose? If so, please give details of who you applied to and any award that was made.

How many group members do you currently have and on average how many engage with your regular activities e.g. attend group meetings?

4. You must send in completed evaluation forms, and any other information agreed. This should be done by a date agreed at the time of the award being paid. Should you fail to submit your report there is a likelihood that you will have to repay the amount of the grant given.
5. You should keep receipts relating to the items/ activities funded by the award and make them available to Prostate Cancer UK should sight of them be required.
6. We request that you acknowledge the support of Prostate Cancer UK in your advertising, publications and / or any relevant materials.
7. The support group grant programme is open to any group who has signed up to our Affiliated (Level 1) or Partner (Level 2) offer of resources and support for groups. If you need more information about these please contact Yvonne Trace or Ann Innes (contact details below).

For further information about these Terms and Conditions, please contact Ann Innes ann.innes@prostatecanceruk.org or Yvonne Trace yvonne.trace@prostatecanceruk.org

Signatures

This application form must be completed and signed by two people authorised to sign on behalf of your organisation /group. By signing this application form, you agree that you have checked the content of this application form and it has been completed with correct information. You also agree to adhere to the Terms and Conditions of the Prostate Cancer UK support group grant scheme.

Person 1

Title:	First name:
Surname:	Role:
Address:	
Town/city:	Postcode:
Telephone:	Email:
Signature:	Date:

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Person 2

Title:	First name:
Surname:	Role:
Address:	
Telephone:	Email:
Signature:	Date:

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