

**Grant Application Form**

**The Massy Foundation provides grant funding to registered charities,**

**non-proﬁt organisations, and relevant Government entities for the execution of joint venture partnerships that will redound to be beneﬁt of a wide cross section of persons in the areas of Education and Skills Development, Health and Environmental Wellness, Humanitarian and Disaster Relief as well as Arts and Culture. Projects must be innovative and/or developmental aimed at empowering and making a difference in the lives of multiple persons.**

**Massy Foundation (Barbados) Inc.**

P.O. Box 1227C | Massy Dome

Warrens | St Michael BB11000 | Barbados

T 246 417 5110

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# **The Massy Foundation seeks to manage its social investment in collaboration with credible partners who are well suited to execute projects in the speciﬁc areas which we support**.

**The Application Process**

* Please read the following information before ﬁlling out this application.
* Each application must be accompanied by a detailed budget for the project in order for the project to be reviewed.
* All monetary values stated on this application form must be stated in Barbados dollars.
* Completion of an application does NOT guarantee funding assistance.
* Each project proposal mut be submitted on its own application form.
* Processing of this application could take 8-12 weeks.
* This application form is prepared as a WORD document so that responses can be typed directly into the spaces provided.
* The application form and accompanying documentations are valid for period of six months. Resubmission will be necessary if there are any delays on the part of the applicant.

**\*For queries related to the completion of this form, please call: 417-5110 or email:** [**massyfoundation.bb@massygroup.com**](mailto:massyfoundation.bb@massygroup.com)

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| NAME OF REQUESTING ORGANISATION |  |
| TYPE OF ORGANISATION |  |
| **SUMMARY OF ORGANISATION (150 WORDS)** | |
| TYPE DETAILS HERE... | |
| **GOVERNANCE STRUCTURE:**  (SELECT BOX AS APPROPRIATE) | Board Of Directors  Management Team  Other (State) |
| **MAILING ADDRESS:** |  |
| **DATE OF APPLICATION:** | ( ) DAY ( ) MONTH ( ) YEAR |
| **PREPARED BY:** |  |
| **POSITION HELD:** |  |
| **CONTACT NUMBERS:** | LANDLINE: MOBILE: |
| **EMAIL ADDRESS:** |  |
| **DISCLOSURE** | |
| Is there any activity in which your organisation and/or your officers/trustees are involved that may be deemed to be in conﬂict with your stated mission?  YES  NO  If yes, please explain.  Are any of your officers/trustees Politically Exposed Persons (PEPs)?  YES  NO  \*A Politically Exposed Person (PEP) is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members, close personal and professional associates. | |

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| PHASE(S) | AMOUNT ($BDS) |
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| **NAME OF PROJECT:** |  | |
| **FOCUS AREA:** (CHECK APPROPRIATE BOX(ES):  EDUCATION AND SKILLS DEVELOPMENT HEALTH AND THE ENVIRONMENT  HUMANITARIAN AND DISASTER RELIEF ARTS AND CULTURE | | |
| **PROJECT TIMEFRAME:** | START DATE: END DATE: | |
| **PROJECT STAGE** (CHECK ONE): TRIAL  PILOT NEW ESTABLISHED | |  |
| **OVERVIEW OF THE PROJECT (150 WORDS):**   * Provide a description of the project * Who will it beneﬁt? * Demographic of beneficiaries – age, gender, education/income level, occupation, marital status, if applicable, etc. * Total number of participants to be served | | |
| TYPE DETAILS HERE...  Can the project be undertaken in phases with the functional capacity to meet the needs of its beneﬁciaries?  YES  NO If yes, please identify the phase(s) and the associated cost(s). | |  |

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| **RATIONALE FOR THE PROJECT (200 WORDS):**   * Why is this project important at this time? * How will this project help the persons being targeted? * Beyond the individual, how would it benefit the society? | |
| TYPE DETAILS HERE... | |
| **IMPACT GOALS:**  What are the main goals and how will these be measured to determine success? | |
| GOAL 1:  TYPE DETAILS HERE… | MEASUREMENT:  TYPE DETAILS HERE… |
| GOAL 2:  TYPE DETAILS HERE… | MEASUREMENT:  TYPE DETAILS HERE… |
| GOAL 3:  TYPE DETAILS HERE… | MEASUREMENT:  TYPE DETAILS HERE… |

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| **EXECUTION PLAN (150 WORDS):**  Explain the overall plan of how the project will be rolled out and managed, including all resources needed and available. |
| TYPE DETAILS HERE... |
| **MANAGEMENT CAPABILITY (150 WORDS):**  Identify the skillset and expertise of the key personnel. |
| TYPE DETAILS HERE... |
| LIST ALL POSSIBLE PROMOTIONAL OPPORTUNITIES AVAILABLE TO THE MASSY FOUNDATION IF IT BECOMES ASSOCIATED WITH THIS PROJECT. |
| TYPE DETAILS HERE... |

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| SOURCE(S) | AMOUNT ($BDS) |
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| **FUNDING REQUEST** |
| TOTAL PROJECT COST: AMOUNT OF FUNDS REQUESTED:  Click or tap here to enter text. Click or tap here to enter text. |
| BRIEFLY EXPLAIN HOW THE REQUESTED FUNDS WILL BE USED/SPENT: |
| TYPE DETAILS HERE... |
| IF ONLY PARTIAL FUNDING IS GIVEN, HOW WILL THE SHORTFALL BE MET? |
| TYPE DETAILS HERE...  OTHER SOURCES OF FUNDING (STATE AMOUNT), INCLUDING SELF -FUNDING: |
| BRIEFLY EXPLAIN WHAT EFFORTS WERE MADE TO SECURE OTHER FUNDING AND THE OUTCOME: |
| TYPE DETAILS HERE... |
| OTHER SUPPORT (TECHNICAL OR IN-KIND, IF APPLICABLE): |
| TYPE DETAILS HERE... |

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| A detailed line budget must accompany this application for it to be processed  List of organisation’s senior officers (management team) and board of directors, including proof of address and identification for each member  Evidence of organisation’s status – charity, not-for-profit, Government  Evidence of funding and/or commitment of funding from other sponsors  Financial statements of the organisation for the last two years, preferably audited  Copies of valid original quotations from service providers/suppliers  Proof of organisation’s address |
| IF ANY OF THE ABOVE IS UNCHECKED, GIVE REASON(S) HERE WHY THIS INFORMATION IS MISSING. |
| TYPE DETAILS HERE... |

**SECTION 6:** DECLARATION (SELECT BOXES AS APPROPRIATE)

**I have read and understood the Grant Application Form.**

**I declare that the proposed application has been endorsed by the applicant’s Board or person with authority, as a commitment to the execution of this project.**

**I declare that all information contained in this application, together with any statements provided, is true, accurate and complete to the best of my knowledge.**

**I understand that giving false and/or misleading information will disqualify this application for funding.**

**I understand that completion of this application is not a guarantee that the organization will receive part, or all funding requested.**

I **understand that Massy Foundation reserves the right to request further information beyond what is mentioned herein.**

SIGNATURE: DAT E:

Completed Grant Application form, along with all supporting documentation, can be submitted to: **Massy Foundation (Barbados) Inc.**

**P.O. Box 1227C**

**Massy Dome**

**Warrens, St. Michael**

**BB11000**

**Attention: Advisory Committee**

OR/

**Email:** [**massyfoundation.bb@massygroup.com**](mailto:massyfoundation.bb@massygroup.com)