M Y C O O L

**M U S I C F O U N D A T I O N**

*Making a difference through music*

**APPLICATION FORM**

**FOR FUNDING FOR PROJECT PROPOSAL**

Name of Applicant :............................................................................................

Date of application: .............................................................................

(Form App2-Project prop)

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*Making a difference through music*

***PURPOSE OF MYCOOL MUSIC FOUNDATION***

*MyCool Music Foundation has been established as a voluntary not-for-profit organisation to extend the charitable work begun by MyCool Singers and use the therapeutic power of singing and music to have a positive impact on the health and well being of individuals and communities.*

(Form App2-Project prop)

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING YOUR FORM**

**APPLICATION FORM FOR FUNDINGFOR PROJECT PROPOSAL**

**The MyCool Music Foundation has made available a fund which will provide grants** to support projects involving music related initiatives that will enhance the lives and experiences of groups and communities and support them to improve their health and wellbeing. Musical initiatives can be interpreted as involving instrumental, vocal, composition and group singing projects.

**The Foundation will accept applications made by individuals** seeking financial support to work with groups or communities of people (large and small) to enable them to engage in specific music related education or activities. The application will require the support of a referee.

**Nominations are now invited** and will be assessed against the following criteria which are born out of the objectives of the Foundation. At least one of the following criteria must be met by the nomination.

1. Enable individuals to express themselves, improve their health and promote well being and enhance their lives through the promotion of singing and music.

2. Through access to choirs and/or music workshops, provide benefits from the therapeutic value of singing or musical engagement

3. Provide support for gifted and talented young people from disadvantaged/less privileged backgrounds to develop their musical and associated aspirations.

4. Advance music related education and support disadvantaged young people and adults in various locations, by offering them opportunities to engage in music and singing activities, to include, but note limited, to individual classes, workshops and choirs.

**Examples of what grants might be used to provide (but this is not an exhaustive list):**

* Choir/singing workshops for those experiencing/recovering from life crises, bereavement or emotional changes
* Music/singing workshops for communities and organisation such as residential care homes for adults or young people, hospices and other special units
* Working with mental health organisations to support people with mental health difficulties
* Using song writing skills as a way of self expression for those experiencing challenges

**To apply for a grant please complete the attached application form and submit to MyCool Music Foundation – closing date for applications 6th March 2020**

**HOW TO SUBMIT YOUR APPLICATION FORM:**

**Electronic application forms** should be emailed to: [enquiries@mycoolmusicfoundation.org](mailto:enquiries@mycoolmusicfoundation.org)

**If you need a printed/hard copy application form**

please contact[enquiries@mycoolmusicfoundation.org](mailto:enquiries@mycoolmusicfoundation.org)

**If you have any queries about the application process or require further information,**

**please email:** [info@mycoolmusicfoundation.org](mailto:info@mycoolmusicfoundation.org)

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(Form App2-Project prop)

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION FOR FUNDING FOR PROJECT PROPOSAL**  **(See alternative application forms for small grants for individuals seeking funding)** | | | |
| **1** | **NAME/TITLE OF PROJECT:**  *Not essential but is helpful*  *e.g. Working with Older People in Care Home* |  | |
| **2** | **NAME OF APPLICANT:**  *Name of the individual making the application* |  | |
| **3** | **NAME OF ORGANISATION:**  *Include organisation if application is on behalf of an existing organisation/facility* |  | |
| **4** | **CONTACT DETAILS OF APPLICANT:** | **Address:**  **Phone:**  **Email:** | |
| **5** | **SUMMARY OF PROPOSAL**  *Please tell us what you want to do and why. It is helpful to have some background to the proposed project and why you think it will be helpful.* |  | |
| **6** | **HOW MANY PEOPLE WILL BENEFIT FROM THE PROJECT:**  *Can you describe how many people will be involved and benefit from the project – will it involve a group of people or one or a few individuals* |  | |
| **7** | **SPECIFIC OUTCOMES/BENEFITS OF THE PROJECT**  *Tell us how you think people or individuals might benefit from the project)* |  | |
| **8** | **COSTS OF THE PROJECT:**  *List specific costs – how the funding will be used* | **Item of Expenditure** | **Cost** |
|  | £ |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total cost** |  |
| **9** | **TIME FRAME FOR PROJECT:**  *How long will it take to run?* |  | |
| **10** | **ESTIMATED START DATE:**  *When do you think you will be ready to start?* |  | |
| **11** | **REFEREE:**  *Please give details of someone who can provide a reference for the applicant – it should be someone who is not a relative* | **NAME OF REFEREE:**  **ADDRESS:**  **PHONE:**  **EMAIL:**  **OCCUPATION OR RETIRED OCCUPATION OF REFEREE:**  **HOW LONG HAVE THEY KNOWN THE APPLICANT:**  **IN WHAT CAPACITY DO THEY KNOW THE APPLICANT (e.g. Friend, Minister, Colleague, Teacher)** | |

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT TO SUPPORT YOUR APPLICATION FOR FUNDING:**

I confirm that the information provided in the above application form is, to the best of my knowledge, true and accurate.

**Signature: .............................................................................................................................**

**Name** *(Please print)****:...............................................................................................................***

***Date: ......................................................................................................................................***