



# **Application for Grant**



**HEALTH AND SOCIAL CARE GRANTS**

**Applications from Members  
of  
WALTHAM FOREST WellComm**

**2010/2011**

**Please read the guidelines for completing the application form before you begin.**

**Please read the following information carefully**

The information that you supply will be used to evaluate your application. Please include the additional information requested with the completed application form and return it to Age Concern Waltham Forest by the date provided. Please write clearly using BLOCK CAPITALS. Please answer questions as fully as possible, applying a tick (✓) or N/A (not applicable) where appropriate.

**Section A - About your Organisation / Group**

1	Name of Organisation/Group:	
2	Address:	
3	Full Post Code:	
4	Telephone:	
5	Fax:	
6	E-Mail Address:	
7	Contact name:	
8	When was your organisation / group established?	
9	When will the proposed service / project start?	
10	Is your organisation / group registered as a charity? If yes, please give the Charity No: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	List the full names and home addresses of officers.	
	Chair:	
	Vice Chair:	
	Secretary:	
	Treasurer:	

12	Is your organisation part of a national or other group? <span style="float: right;">Yes <input type="checkbox"/></span>		No <input type="checkbox"/>
If yes, please give:			
Name of Group:			
Head Office Address:			
Telephone:			
Relationship, e.g. branch, subsidiary, etc.			
13 Please list the main activities of your organisation over the last 12 months, including where and how often these activities took place and the average number of older adults participants in these activities.			
14	Please enclose copies of accounts / audited accounts or statement of income and expenditure for the last two years. <span style="float: right;">Enclosed <input type="checkbox"/></span>		
15	Is your organisation registered with the Criminal Records Bureau? <span style="float: right;">Yes <input type="checkbox"/></span>		No <input type="checkbox"/>
If no, and you are not a self-help group, how do you police-check staff and volunteers?			
16 Do you cater specifically to any area of special needs? <span style="float: right;">Yes <input type="checkbox"/></span> Please give details			

17	<p>How many volunteers do you presently have?</p> <p>Total Number of volunteers: <input type="text"/></p>
18	<p>Do you have Public Liability (Third Party), indemnity insurance cover of £5,000,000 <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes and you receive a grant, you will be asked to provide evidence of the policy being in force and the level of indemnity:</p> <p>Evidence enclosed: <input type="text"/></p>

**Only complete this section if you employ staff**

19	<p>How many staff do you presently have and how many are full time or part time?</p> <p>Total Number of Staff: <input type="text"/> Full time <input type="text"/> Part time <input type="text"/></p>
20	<p>If you employ more than one staff member, please provide an organisational chart: Enclosed <input type="text"/></p>
21	<p>If you have employees, do you have Employer's Liability, indemnity insurance cover of £10,000,000? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If yes, please provide evidence of the policy being in force and the level of indemnity:</p> <p>Evidence enclosed: <input type="text"/></p>

**Section B- Your proposed service / activity**

In this section, please tell us about the service / activity that you wish this grant to fund.

**1. What Health & Social Care Grant priority or priorities would the service / activity meet (see grant priorities from guideline)?**

**2. What service / activity will be delivered?**

**3. What evidence do you have that this service / activity is needed?**

**4. What outcomes will the service / activity deliver?**

**5. Who will receive the service or benefit from the activity?**

**6. Will you be working in partnership with any statutory, voluntary or private organisation / network? Please give details below**

**Service Management & Evaluation**

**7. Please indicate how the outcomes stated in question (4) will be measured.**

**8. How would you evaluate the quality of your service, including obtaining feedback from service users?**

**9. Please tell us how the service / activities will be managed and what relevant expertise, training or particular strengths of the people within your organisation such as management committee members, staff members, volunteers have.**

**10. Please tell us how you implement equal opportunities in your organisation?**

<b>Section C - Policies</b>	
1	Do you have a Health & Safety policy? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
2	Who is the person in your organisation responsible for Health & Safety? Name: <input style="width: 700px; height: 25px;" type="text"/>
3	Do you have a policy and procedure for the Protection of Vulnerable Adults? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
4	Do you have a policy on Harassment? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
5	Do you have a Confidentiality policy? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
6	Is your organisation registered under the Data Protection Act 1998? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> If yes, please give registration number: <input style="width: 300px; height: 25px;" type="text"/>
7	Do you have an Equal Opportunities policy <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Please supply a copy <span style="float: right; margin-left: 100px;">Enclosed <input type="checkbox"/></span>
8	Do you have a Complaints policy? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (You will be required to provide evidence of this at a later date)
9	How many complaints has your organisation received in the past six months?  Formal <input style="width: 50px;" type="text"/> Informal <input style="width: 50px;" type="text"/>
10	How do you publicise your policies to the users of your service / activities?  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

**Section D – Financial information**

Please give details of the total expenditure for the proposed service/activity, amount you seek from this grant (if different) and the amount that you wish to apply for 2009/2010 (if applicable).

	Total budget for proposed service / activity for 2010/11	Amount of grant applied for 2010/11
<b><u>Running costs:</u></b>	£	£
Staff cost		
Volunteer costs		
Rent for service / activity		
Phone		
Stationary and postage		
Printing and photocopying		
Equipment and materials		
Travel and transport		
Training		
Advertising		
Other running costs, please specify:		
<b>Total running costs</b>		
<b>Capital items (e.g. purchasing a computer and printer)</b>		
<b>Total capital costs</b>		

If the total budget for the proposed service / activities is greater than the funding requested, please indicate below how will the additional cost be funded?

<b><u>Income:</u></b>	£	£
<b>Total income</b>		

When you have completed this form, please read and sign the section below.

I/We certify that the information supplied is accurate to the best of my/our knowledge and that I/We accept the conditions and undertakings requested in the application. I/We understand that false information could result in my/our exclusion from the Health and Social Care Grant Scheme and other Council and Age Concern Waltham Forest funding.

I/We also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement for reward to any servant of a public body and that any such action will empower Age Concern Waltham Forest and the council to cancel any grant award or contract currently in force.

Name: .....

Position: .....

Organisation: .....

Signature: .....

Date: .....

The undertaking must be signed by an officer of the management committee in her/his own name and on behalf of the organisation.

Please indicate status: partnership, voluntary organisation/charity, self-help group, private limited company, public limited company, unincorporated association, or other. *(Please specify)*

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**Before returning this application form, please ensure that you have:**

- answered all questions appropriate to your application
- enclosed relevant documents
- signed the above undertaking

Completed forms and enclosure should be returned to:

**Health and Social Care Grants Scheme  
 Gabriele Jerome  
 Age Concern Waltham Forest  
 Peterhouse Centre  
 122 Forest Rise  
 Walthamstow  
 London E17 3PW**

**OFFICE USE ONLY**

**Waltham Forest WellComm**  
**Health and Social Care Grants Panel**

Do you support this application? Yes / No

Reasons:

Recommended sum: £ Date:

***Sponsoring Age Concern Waltham Forest Staff Member***

Do you support this application? Yes / No

Reasons:

Signed: Date:

**FINAL DECISION**

YES

RETURNED TO PANEL

SIGNED: DATE:

**Chief Executive of Age Concern Waltham Forest**

PAID:

SIGNED: DATE: