# **Grant Application**

Friends of the Elderly 40-42 Ebury Street London SW1W 0LZ



Before completing this application form please confirm that the individual you are representing is eligible for support, and has given you consent to make the application. More information on the grant process and the criteria can be found in our guidance notes, on our website or by contacting us on hello@fote.org.uk call 0330 332 1110

#### **OUR GRANT CRITERIA**

All applications must be completed by a third party agency – we cannot accept applications from individuals, their family or friends.

Examples of third party agents include local authorities, social services, housing associations, charities and community groups, health practitioners, Citizens Advice Bureau, or other support agencies. Please contact us before completing the process if you are unsure if your organisation is eligible to apply.

The application must be for:

- The average amount we award is £300
- A resident of England or Wales
- Who is of or above the current pensionable age
- Who receives Guaranteed Pension Credits\*

If your application is for a large amount we will only fund the remainder of the cost, and you must provide evidence that the rest of the funding has already been secured or pledged.

Exclusions: we do not fund people living in residential care or who have served in the armed forces

### **OUR SUPPORT**

We align our grant giving to our charitable aims and support applications that enable older people to live fuller, happier, more independent lives for longer. The three strands of our grant giving mean that we offer support to older people in many different ways;

Our **HOME ESSENTIALS** grants are for older people whose lives will be made easier through the provision of new home furnishings, kitchen appliances, mobility adaptations, or home repairs.

Our **DIGITAL CONNECTION** grants are there to help older people get online and stay better connected with friends and family. It covers equipment and broadband costs.

Our **FINANCIAL SUPPORT** grants are for older people affected by poverty or financial hardship and can be used towards utility bills, funeral costs, moving fees, etc.

#### THEIR STORY

We need to understand how the grant will be used and what difference it will make to the individual. This information will be used to assess your application so please provide as much information and context as possible.

#### WHAT YOU CAN EXPECT

We aim to confirm receipt of your application within 5 working days. At this point we will also confirm whether your application meets our grant criteria – if it does not feedback will be provided and you may resubmit. Our grant panel meets once a month, at which point a decision will be made. We will contact you to confirm whether your application has been successful or not and to finalise the payment of the grant to you direct, or to arrange for the purchase and delivery/installation of the item.

\*applications will be considered for people on low income who are not in receipt of Guaranteed Pension Credit. Please call us on 0330 332 1110 for guidance before submitting your application.



# The Application Form

Of or above the Receiving Gu	ingland & Wales the pensionable age taranteed Pension Cred that the individual has co	it* onsented to this application on if all four boxes are ticked			
2. What is it for (short description?)					
Please provide a	ا quote or Argos referenc	ce for the item, which includes de	livery and		
installation.					
3. Has the indivi	3. Has the individual been referred to Friends of the Elderly before?  Yes  No				
4. ABOUT TH	E APPLICANT				
Title:					
First Name:					
Last Name:					
Date of Birth:					
Marital Status:					
Home Address:					
County: Tel		Post Code			
Number:					
5. DOES ANY	ONE ELSE LIVE AT TH	IE SAME ADDRESS?			
Title:					
First Name:					
Last Name:					
Date of Birth:		Relationship to Applicant:			

<sup>\*</sup> See previous page

6. APPLICANT'S WORK HISTORY		
6.1 Has the applicant, or their partner number of charities that provide so we will not provide grants to peop	upport to ex-servicemen and wome	n Yes No
6.2 What industries has the applicant know of other charities that may o		e unable to help, we may
Industry	Role	Length of Employment
7. APPLICANT'S PROPERTY		
7.1 Is the property; owned by the app		
rented private rer	nted	
social housing		
8. FINANCIAL SITUATION		
8.1 Please supply the most recent cop Guaranteed Pension Credit. Tick		oplicant is receiving
9. ABOUT THE GRANT		
Use this space to tell us what the gran	nt is for, why it is needed and what	difference it will make.

This information will be used to complete the application process so provide information relevant to the applicant's situation - including the applicant's circumstances, why the item/support is needed and what difference the grant will make to their circumstance and well-being.

# 9.1 FINANCIAL SUPPORT - ADDITIONAL INFORMATION

the debt, how it is be	ing repaid and any other sources of funding you have secured.
What is the debt for:	
How much is it for:	
How much is the app	plicant currently repaying each month: £
If you are looking to the rest of the cost;	repay the whole debt through funding please confirm who else is covering
	rm that each organisation listed above has already confirmed that they will be ag as requested. Please provide copies of emails or letters to demonstrate the
10. REFERRING A	GENT DETAILS
Your name:	
Your job title:	
Your organisation:	
Your organisation ad	dress:
	Post Code:
Your contact number	•
Your email:	
Your organisation we	ebsite:
	pproved please advise whether this is a direct purchase (we buy goods from leque is payable to. Note we do not provide payments directly to individuals.

If your application to us is part of a larger funding request please provide more information about

## 11. DECLARATION

At Friends of the Elderly we value and respect your privacy. The data we gather and hold is managed in accordance with the Data Protection Act (1998). To process your application, it has been necessary to ask for some personal information. The information you provide will be held in Secure computer database and paper files.

I hereby certify that the information given is correct to the best of my knowledge and belief. I agree that Friends of the Elderly may approach any other charities or organisations in order to consult in confidence on matters relevant to this application. I authorise Friends of the Elderly to approach other agencies on my behalf. I agree that Friends of the Elderly may hold and process personal data about me in computer and paper files.

Applicant's Signature						
Date:						
We would love to keep you up to date with information on the charity, our services and fundraising through periodic communications by post and/or email  Yes, I am happy to receive updates through the post  I am happy to receive updates by email  Yes, I am happy to be contacted by telephone						
Referring Agent's Signature						
Date:						
Before you submit the application, please check:  You have completed all sections of the form						
You have enclosed	You have enclosed the most recent DWP or other supporting financial information					
You have enclosed	You have enclosed a quote for the item requested or an Argos reference number					
The application form	The application form is legible					