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 or calling 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:

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

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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

Is the applicant; Resident of England & Wales Of or above the pensionable age Receiving Guaranteed Pension Credit* You confirm that the individual has consented to this application Only proceed with the rest of the form if all four boxes are ticked						
1. How much is t	the grant for?					
2. What is it for (short description?)					
For household	items please see list of approved goods and prices. Our					
average grant a	mount is £300.					
3.1 Has the indiv	ridual been referred to Friends of the Elderly before? Yes No					
3.2 How did you hear about us?						
4. ABOUT THE APPLICANT						
Title:						
First Name:						
Last Name:						
Date of Birth:						
Marital Status:						
Home Address:						
	Post Code:					
County/borough						
Tel number:						
Email:						
5. APPLICANT'S PROPERTY						
5.1 How many o	other people live at the same address?					

^{*} See previous page

5.2 Is the property;	owned by	y the appli	cant						
	private re	ented							
	social ho	using							
	sheltered	d housing							
6. APPLICANT'S	WORK H	HISTORY							
6.1 Has the applica number of char we will not prov	ities that p	rovide su	pport to	ex-servi	cemen	and wome		Yes	No
6.2 What industries know of other of				•		n? if we ar	e una	able to help	, we may
Industry			Role				Ler	ngth of Em	nployment
7. REFERRING	AGENT D	ETAILS							
Your name:									
Your job title:									
Your organisation:									
Your organisation a	nddress:								
						Post Code	э:		
Your contact number:									
Your email:									
Your organisation website:									
If the application is approved please advise whether this is; a direct purchase, a cheque - who it is payable to, or the BACS details for the contractor. Note we do not provide payments directly to clients.									

8. ABOUT THE GRANT
Use this space to tell us what the grant 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.
8.1 FINANCIAL SUPPORT - ADDITIONAL INFORMATION
If your application to us is part of a larger funding request please provide more information about the debt, how it is being repaid and any other sources of funding you have secured.
What is the debt for:
How much is it for:
How much is the applicant currently repaying each month: £
8.2 If the grant is over £300 please let us know how the remaining funds will be raised.

9. DECLARATION

At Friends of the Elderly we value and respect your privacy. The data we gather and hold is managed in accordance with the General Data Protection Regulation (GDPR) 2018. To process your application, it has been necessary to ask for some personal information. The information you provide will be held in a 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.

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