

Friends of the Elderly

Grant Application Form (offline version)



Wherever possible you should complete an online application form for your client. Please only use this form if you have been sent it by a member of the Friends of the Elderly (FotE) team and have agreement for an offline application to be submitted. Failure to do so may result in your application not being assessed.

Please ensure you refer to the relevant part of the **Guidance Notes** throughout making your application.

Boxes marked with an * are mandatory. You will not be able to submit your application unless they are completed.

1. YOUR ORGANISATION DETAILS (You, the Third Party Referrer)

*Organisation name:	
*Organisation address:	
Organisation website:	
*What type of organisation are you:	<i>[charity/housing association/community group/CIC/statutory service/other]</i>
*Company number or Registered Charity Number <i>[non-statutory services only]</i>	

*Referral Agent's name:	
* Referral Agent's role:	
* Referral Agent's email:	
* Referral Agent's phone number (office):	
* Referral Agent's phone number (mobile):	

*I, [Referral Agent's name] of [organisation name] accept responsibility to act as a liaison officer between my client and FotE, to ensure the smooth processing of my client's grant application [Yes/No]
* Please confirm that you have read the guidance notes [Yes/No]

2. ABOUT THE BENEFICIARY (YOUR CLIENT) - ELIGIBILITY

Please confirm that:	
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*Your client is a resident of England or Wales		[YES/NO]
*Your client is at or above state pension age		[YES/NO]
*Your client has received a grant from us in the last 12 months <i>[if YES – not eligible, end of application process]</i>		[YES/NO]
*Your client is in receipt of GUARANTEED pension credit or Universal Credit		[YES/NO]
*Your client lives on a low income and has less than £4,000 in savings <i>[if NO – not eligible, end of application process]</i>		[YES/NO]
*Is living in a nursing home or other residential care <i>[if YES – not eligible, end of application process]</i>		[YES/NO]
Social Housing [YES/NO]	Private Rent [YES/NO]	Private Owned [YES/NO]
*How many people live in household?		
*Has your client or their partner served in HM Armed Forces <i>[if YES, see below]</i>		[YES/NO]
*Please confirm you have applied to Armed Forces specific grant makers before applying to FotE <i>[If NO, not eligible, end of application process – other funders specifically cover ex-armed forces, see guidance notes]</i>		[YES/NO]
*Please tell us about your client’s previous employment. This is so we can signpost you to relevant Benevolent Funds if appropriate <i>[add lines if needed]</i>		
Industry:		
Role:		
Approx. dates:		
Industry:		
Role:		
Approx. dates:		

3. CLIENT DETAILS

Client’s name:	
*Client’s date of birth:	
*Client’s address:	
*Client’s postcode:	
*County/Borough:	
Client’s phone number (home):	
Client’s phone number (mobile):	
Client’s email:	

4. ELIGIBILITY EVIDENCE REQUIRED

*please attach a copy of your client’s Department for Work & Pensions (DWP) letter showing they receive Guaranteed Pension Credit or Universal Credit	[YES/NO]
*please attach 2 months’ worth of recent bank statements showing:	[YES/NO]
*a) Low Income (including DWP/pension payments)	[YES/NO]

*b) Savings Accounts	[YES/NO]
Is there anything else you need to make us aware of regarding your client's finances?	

5.ABOUT THE GRANT APPLICATION

* What is the application for?	
*How much is this grant application for?	
*Is this the total cost of the item?	[YES/NO]
<i>[if NO -]</i> What is the total cost and how will your client cover the remaining costs?	
*Please tell us why your client needs this grant and what difference the grant will make to their life	
*Please attach a copy of a quote for works, or an outstanding bill you are asking us to pay, or any other relevant documents regarding the value of the grant request.	<i>Please list attachments here</i>
If the request is for ESSENTIAL LIVING COSTS, please tell us about these in the box on the right.	

6. PAYING THE GRANT

If your application for a grant for your client is successful, we have several possible payment options. Please refer the guidance notes and select the most appropriate:

A. BACS payment to the grant recipient (your client) <i>preferred</i>	[YES/NO]
B. BACS payment to your organisation	[YES/NO]
C. BACS payment to Supplier	[YES/NO]
D. Direct Purchase and Order made by FOTE - white goods, electronic and household items only.	[YES/NO]

For A, B or C please provide BACS details:

Organisation name:	[not required if direct payment to client]	
Bank Account name:		
Sort Code:		
Account Number:		
Please attach some evidence to support bank details – statement, quote, headed paper etc		[YES/NO]

For D please complete our Direct Purchase form and we will liaise with you regarding the exact item required

7. Declarations

Referral Agent

I **[name]**, **[role]**, **[organisation]** declare that the information in this application is genuine, and that I am authorised to act as **[client name]** referrer/liaison for this grant.

Signature	
Date	

Client

I **[name]** declare that the information in this application is genuine, and that I have authorised **[referrer]** to make an application for a grant on my behalf, and to act as my liaison for this grant application. I agree that FotE may share my information with our suppliers as required to process this grant application, and in accordance with [\[insert link\]](#) policy, which can be found here.

I am happy to be contacted by FotE in future by:

Client can select all or none, no obligation for future contact if not wanted

Email	[YES/NO]
Telephone	[YES/NO]
Post	[YES/NO]
Signature	
Date	

End of Application –

Please email your application and any evidence to hello@fote.org.uk

We process all applications in date order and aim to complete the grant making process within 4 weeks of receipt of all required information.

We will notify you of the outcome as soon as possible.