



**ELDERLY PERSONS' SOCIAL ISOLATION FUND - ROUND TWO APPLICATION**

**SECTION 1 – ORGANISATION**

1.1 Name of the Organisation : \_\_\_\_\_

1.2 Address details :

Address-1			
Address-2			
Address -3			
Town		Post Code	
Main Phone		Email	
Web Address			

Main Contact Person (these are the details that will be used for correspondence purposes)	
Title	
Forename	
Surname	
Role	
Daytime Tel No.	
Mobile No.	
Email	

1.3 When did your organisation start  Month  Year

1.4 What type of organisation are you? (Tick as appropriate)

- A registered charity, if yes, please give your number \_\_\_\_\_
- A limited company. If yes please give your number \_\_\_\_\_
- Unincorporated club or association
- Community Interest Company
- Other: Please specify: - \_\_\_\_\_

1.6 What is your organisation's annual income \_\_\_\_\_

1.7 Organisation's annual free reserves \_\_\_\_\_

1.8 Staffing and volunteers  
How many of each of the following are involved in the organisation (Numbers)



--

### SECTION 3- IMPACT AND BENEFICIARIES

3.1 Which category best describes the impact your project will have?

Improve people's life skills, education, employability and enterprise	
Maximise people's ability to strengthen community cohesion and build social capacity	
Provide people with opportunities to access local services, achieve greater social justice and to reduce inequality, exclusion and disadvantage	
Advance people's physical and mental health, wellbeing and safety	

3.2 How many people will benefit from this funding?

People benefiting directly		Volunteers benefiting		Other people benefiting	
----------------------------	--	-----------------------	--	-------------------------	--

3.3 Beneficiaries

Please select a single option to represent the primary beneficiary group for this grant by inserting the number '1' in the appropriate box. Please list any other beneficiary groups who will benefit from your grant by inserting the number '2' in one or more boxes

Black, Asian and minority ethnic		Long-term unemployed		People with mental health issues	
Carers		Men		People with multiple disabilities	
Children and young people		Not in education, employment and training (NEET 16-24)		People with physical disabilities	
Ex-offenders/offenders/At risk of offending		Older people		People living in poverty	
Families/Parents/Lone parents		People with alcohol/drug addictions		Refugees/asylum seekers /immigrants	
Homeless people		People in care or suffering serious illness		Victims of crime/violence/abuse	
Lesbian, gay, bisexual and transgendered groups		People with learning difficulties		Women	
Local residents		People with low skill levels			

3.4 Primary Ethnic Group

Please select a single option to represent the primary ethnic group for this grant by inserting the number '1' in the appropriate box. Please list any other ethnic groups who will benefit from your grant by inserting the number '2' in one or more boxes

White		Mixed		Asian and Asian British	
White British		Black Caribbean and White		Indian	
White Irish		Black African and White		Pakistani	
White East European		Black and Black British		Bangladeshi	
Gypsies and Travellers		Caribbean		Other Asian	
Other White		African		Other Mixed Ethnicity	
Chinese and other group		Other Black		All ethnicities	
Chinese		Asian and White			

### 3.5 Issues

Please select a single option to represent the primary issues that will be addressed by this grant by inserting the number '1' in the appropriate box. Please list any other issues that will be addressed by this grant by inserting the number '2' in one or more boxes

Arts, culture and heritage	Education, learning and training	Housing	
Anti-social behaviour	Employment and labour	Language, culture and racial integration	
Building skills and improving access to employment	Emergency/Rescue services	Mental health	
Bullying	Gangs	Renewable energies and recycling	
Caring responsibilities	IT / Technology	Rural issues	
Stronger communities/Community support and development	Harmful practice	Sexual abuse	
Counselling/Advice/Mentoring	Health, wellbeing and serious illness	Social inclusion and fairness	
Crime and safety	Homelessness	Sport and recreation	
Disability and access issues	Offending/At risk of offending	Stigma/Discrimination	
Domestic violence	Poverty and disadvantage	Substance abuse and addiction	
Economy	Reducing isolation	Supporting family life	
Environment and improving surroundings	Refugees/Asylum/Immigration	Violence and Exploitation	
Financial exclusion and financial illiteracy	Religion		

### 3.6 Primary Age group

Please select a single option to represent the primary age group for this grant by inserting

the number '1' in the appropriate box. Please list any other age groups who will benefit from your grant by inserting the number '2' in one or more boxes

0 to 4		5 to 12		13 to 18	
19 to 25		26 to 65		Over 65	

**SECTION 4 - PROJECT BUDGET**

4.1 What is the total project cost £ \_\_\_\_\_

4.2 How much has been raised so far £ \_\_\_\_\_

4.3 How much money are you applying for £ \_\_\_\_\_

4.4 Budget breakdown summary - Please provide a breakdown of costs under the following headings (inclusive of VAT):

**Staff costs**

Requested Amount:

Total Cost:

**Volunteer costs**

Requested Amount:

Total Cost:

**Operational/activity costs**

Requested Amount:

Total Cost:

**Office, overhead, premises costs**

Requested Amount:

Total Cost:

**Capital costs (Equipment)**

Requested Amount:

Total Cost:

**Publicity costs**

Requested Amount:

Total Cost:

**Other costs**

Requested Amount:

Total Cost:

## SECTION 5- OTHER INFORMATION

### Bank Details

If you are successful we will make payment by cheque or BACS. Please enter the details of your bank/building society below. If you do not have a bank account of your own, you will need to find an organisation to accept cheques on your behalf. Please provide their details below. We will also need a signed letter, from them, confirming they are willing to accept the grant on your behalf.

Name of Bank/Building Society: .....
Account name: .....
Account Number: ..... Sort Code: __ __ : __ __ : __ __
Number of signatories required for authorisation of cheques from your account .....
Are any of the signatories related in any way? .....

### Accompanying Documentation Checklist

*Please make sure you enclose **ALL** of the following documents with your application. Incomplete applications will not be processed.*

- Annual Accounts:** balance sheet showing income and expenditure details for the most recent financial year signed by the organisation's Treasurer/Accountant. If you are a new group with no  income tick this box
- Signed copy of your organisation's set of rules / terms of reference / constitution/ or Memorandum and Articles of Association**
- Names and addresses of management committee  members with all cheque signatories identified.**
- Copy of the group's most recent bank statement, signed as a true copy by two of the cheque signatories.**

Please enclose the following documents if applicable:

- If you are part of a larger regional or national organisation, evidence that you operate independently
- 3 different quotes for capital items - any single item that cost more than £250

If you work with children and young people:

- If your project plans to engage with children, have you included a copy of your child protection policy?
- Please confirm that all people who will be working with children are CRB checked

Please also tick if you have the following policies but **DO NOT** enclose them. We may ask you to send us a copy if awarded a grant.

Vulnerable Adults Policy  Equal Opportunities Policy

## DECLARATION

It is essential that you understand and agree to sign up to the following statements. Please note that **if you leave the organisation or can no longer fulfil your responsibilities**, or someone else takes over responsibility for the grant on behalf of the organisation, **you must inform us immediately**.

- Our signatures confirm our acceptance of the terms and conditions of the grant as they are set out in this application form and the Scheme Guidance notes.
- We certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf.
- We will only spend the grant for the purposes outlined in this initial application unless we have received written confirmation, from the Foundation, that we can make a variation of spend.
- We will spend grants for the purchase of equipment or a short-term project within 6 months of receipt. The Foundation will ask for the return of the balance of any grant not spent after this period. Any unforeseen circumstances which delay a grant being spent will be taken into account and support given where appropriate if you contact us before the spending deadline.
- We acknowledge we cannot sell or dispose of any equipment or other assets funded or part funded by the Foundation without first receiving written permission. If any equipment or assets are sold within their working life without such undertaking, the Foundation can ask for a percentage of the original grant to be repaid.
- We realise we must keep all financial records and accounts including receipts for items bought with the grant for at least 6 years. These must be made available to the Foundation if requested.
- We will comply with the Foundation's Monitoring and Evaluation requirements and will return appropriate information on the given Monitoring due date included in the grant offer letter or by 30<sup>th</sup> April 2019 at the latest. We will also send a copy of our annual accounts or financial report for the year in which the project took place.
- We will acknowledge the grant in relevant publications that relate, directly, to this project or activity and in other documents that we produce such as our Annual Review etc. We will use the appropriate logo and credit, as provided by the Foundation.
- We confirm that, if we are going to be working with children or vulnerable adults, we will ensure we have carried out the necessary advanced disclosure checks (or equivalent) through the Disclosure and Barring Service on our paid and volunteer staff. We will also ensure that we have the appropriate policies in place, together with systems for ensuring that these policies are at work on a daily basis.
- We confirm that we shall comply with any legal and insurance obligations that may be relevant in order to carry out the scheme, such as planning, licensing, employment, health and safety, and equal opportunities legislation and public liability and employers' liability insurance as well as specific insurance requirements. We will ensure that all necessary permits and licenses have been obtained for any



event or project funded by the grant and that the event or project complies with all relevant regulations.

- We accept that the Foundation will, under no circumstances, be liable for any damage, injury or loss of any kind whatsoever to any property or persons occurring as a result of activities undertaken with this grant.
- We acknowledge that we must allow Foundation representatives to make visits and have access to relevant information, if requested.
- The Foundation is committed to equal opportunities both in the provision of services and as an employer. The project shall ensure that it promotes equality of opportunity to all sections of the community in its service delivery, its internal employment and management practices, and in its dealings with any partners or contractors.
- We give permission for the Foundation to record the information in this form electronically and to contact our organisation by phone, mail or email with regards to this application. We understand the Foundation may list our organisation as a grant recipient, and provide details about our application, in press releases, in the press, on our website, annual review and other publications. We accept that you may share information about our organisation with other funders and organisations that might be able to help us achieve our aims.

The Foundation may hold back an instalment of a grant, or ask for repayment in whole or in part, in the following circumstances:

- a. if the organisation fails to keep the terms and conditions of grant aid as detailed above
- b. if the application form or accompanying documents contained false or deliberately misleading information
- c. if the organisation does not follow guidelines in their Child Protection Policy (if applicable) or Vulnerable Adult Policy (if applicable)
- d. if any member of the governing body, staff or volunteers act dishonestly or negligently in their implementation of the grant
- e. if the organisation closes down, goes into administration, receivership or liquidation

**This form should be signed by two people from your management / organising committee. We suggest you keep a copy for your own records.**

**Organisation Chair or Secretary**

Name (please print) \_\_\_\_\_ Signature  
\_\_\_\_\_

Date: \_\_\_\_\_

**Committee member**

Name (please print) \_\_\_\_\_ Signature  
\_\_\_\_\_

Date: \_\_\_\_\_

From time to time Community Foundation may contact you with information about the Foundation's activities or pass your details on to other potential funders that might be interested in your project/ activity. If you do not wish to be contacted for these purposes please tick the box below:

Please return the signed form with supplementary documents to:

**Community Foundation Wakefield District,  
PO Box no 695, 19 King Street, Wakefield, WF1 9NW**

Tel: (01924) 239 181

Email: [info@wakefieldcf.org.uk](mailto:info@wakefieldcf.org.uk)

Registered Charity No. 1121884 Registered Company No 06236043