

London Borough of Tower Hamlets Health, Adults and Community Services Directorate Ageing Well Small Grants (2017/18) Application Form

Completed forms should be returned by no later than TBC to:

Jamie Bird – Strategic Commissioning Officer
4th Floor, Mulberry Place Town Hall
5 Clove Crescent
London E14 2BG
jamie.bird@towerhamlets.gov.uk
Tel: 0207 364 2304

We aim to acknowledge receipt of your completed application form. If you have sent a completed form and have not received an acknowledgement within a reasonable timeframe please contact us (before the deadline above). It is recommended that, where possible, you retain a copy of your completed application form for your own records.

Should you have queries related to the completion of this form, please contact Jamie Bird using the details above

Eligibility Criteria

- The organisation/project must be engaged in social activities for the benefit of older people who reside in the London Borough of Tower Hamlets.
- The organisation/project must have its own current account or instruct an organisation (such as a Housing Association or landlord) to manage the handling of the grant on its behalf. Grant payments cannot be made to an individual or to a personal bank account, or to a savings account.
- Grants will not be given to organisations/projects already in receipt of funding from the Council for the purposes for which financial assistance is sought.
- Where an organisation/project delivers services from premises owned by the Council, a formal written lease or rental agreement with the Council must be in place at the time that recommendations are formulated.
- Organisations who received a Small Grant in 2106/17 must have provided satisfactory evidence (e.g. receipts) that the grant was used for the purposes outlined in their application (these would have been acknowledged).
- The organisation/project should satisfy the Council that it operates fair and equal practices in employment, and in the provision of services.
- The organisation must be able to comply with the following monitoring requirements:
 - To submit evidence that the grant has been used for the agreed purposes
 - To provide feedback on how the grant has benefitted the group
 - To collect and provide equality information for beneficiaries

Where appropriate, forms will be provided to enable this information to be collected and returned.

1. Organisation details:

a) Organisation name:

b) Address:

c) Postcode:

d) Does your organisation have a constitution or governing document?:
(please tick one box)

Yes - please enclose a copy with your application

No - briefly describe its main aim in the space below:

e) When was your organisation/project formed or constituted:

f) Legal status (e.g. registered charity, unregistered organisation):

g) Charity/company number (if applicable):

h) How many registered members does your group have?:

i) Is your organisation in receipt of LBTH financial support? (e.g: other grant funding, rent subsidy)

2. Contact Details:

a) **Prefix** (e.g. Mr/Mrs/Miss):

b) **First name:**

c) **Surname**

d) **Job title** (Position within organisation):

e) **Telephone no.:**

f) **email address:**

g) **address** (to be used for correspondence)

3. Project proposal

a) **Project short description:**

Please provide brief details (no more than 100 words) of how you plan to spend the grant. **Please include how many older Tower Hamlets residents (aged 55+) you anticipate will benefit from your proposal** and, if known, any relevant locations and dates:

b) **Grant value:**

How much are you requesting? **Please note that the maximum grant available is £600.**

4. Payment method

IMPORTANT: Payment cannot be made to an individual or personal bank account, or a savings account.

a) Bank account name:

This could be the name of your group (e.g. Bow Pensioners) not the name of your bank (e.g. Santander)

Bank account number:

Bank sort code:

Should you require payment by cheque, who should this be made payable to:

IMPORTANT: If any of the bank details provided above have changed since you last applied (including if any related postal address has changed), please provide the old details below:

Old bank account name:

Old bank account number:

Old bank sort code:

Old address:

5. Declaration:

I declare that the information in this application is accurate to the best of my knowledge (if you have an organisational stamp please use it).

Signature:

Print Name:

Date: