

## London Borough of Tower Hamlets Health, Adults and Community Services Directorate Ageing Well Small Grants (2018/19) Application Form

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

Jamie Bird – Strategic Commissioning Officer  
4<sup>th</sup> Floor, Mulberry Place Town Hall  
5 Clove Crescent  
London E14 2BG  
[jamie.bird@towerhamlets.gov.uk](mailto: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 2017/18 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: