

London Borough of Tower Hamlets Adult Services Directorate

Small Grants for Pensioners Groups (2015/16) Application Form

- The organisation/project is engaged in social activities exclusively for the benefit of older people within the boundaries of the London Borough of Tower Hamlets.
- The grant payment cannot be made to an individual or to a personal bank account.
 The organisation/project must have its own bank account or instruct an organisation (such as a housing association or landlord) to manage the handling of the grant on its behalf.
- Grants will not be given to organisations/projects already in receipt of funding from the Council for the specific purpose(s) for which financial assistance is sought.
- The organisation/project should satisfy the Council that it operates fair and equal practices in employment, and in the provision of services.

Completed forms should be returned by no later than Friday 11th December 2015 to:

Samiha Miah – Business Admin Apprentice 4th Floor, Mulberry Place Town Hall 5 Clove Crescent London E14 2BG samiha.miah@towerhamlets.gov.uk

Tel: 0207 364 7881

Any queries related to the completion of this form should be directed to <u>Samiha Miah</u> using the details above.

1.	Name of organisation:	
2.	Business address of organisation:	
3.	Address for correspondence (including cheques) if different from above:	

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4.	Who may we contact to discuss this application	?:
	Title (e.g. Mr/Mrs):	
	Name:	
	Position within organisation:	
	Telephone no.:	
	e-mail address:	
5.	Organisation details	
a)	In which year was your organisation established?	
b)		
D)	Does your organisation have a constitution (yes/no)?	
	If you have answered yes, please enclose a copy w	ith your application.
c)	Charity/company number (if applicable):	
d)	How many pensioners are members of your club or on	your register?
e)	Briefly describe the main aim of your organisation?	
6.	How do you plan to use the grant?	
<u> </u>	Purpose (e.g. rent)	Amount?
	TOTAL	£
		(The maximum small grant award is £500)

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this method please provide your bank details below:	anster. To enable payment by		
Name of bonds or assents			
Name of bank account:			
Bank account number:			
Bank sort code:			
Should you require payment by cheque, who should th	is be made payable to:		
IMPORTANT: payments cannot be made to an individual of point 2 of eligibility criteria)	or personal bank account (see		
8. If your pensioners group is in receipt of any other LBTH funding, please provide details below:			
9. Monitoring Information			
9. Monitoring information			
a) Did your organisation receive a small grant in 2014/	15 (yes/no)?		
b) If yes, please provide details of how this was spent (equipment, contribution towards social events etc.)	(e.g. to pay rent, purchase		
Purpose (e.g. rent)	Amount		
TOTAL	£		

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 c) Have you submitted evidence of spend (e.g. receipts) for your 2014/15 Small Grant award? (yes/no) 	
If no, you must submit evidence with your completed application. Failure to do so could lead to your application being rejected.	
10. Declaration:	
I declare that the information in this application is accurate to the best of my knowledge.	
Signature:	
Date:	

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