

To Applicants:

Please complete this form as fully as possible in order to ensure the best information is available to the committee for their consideration of your application.

All applications to the local committees MUST be submitted using these forms.

For Head Office Use Only

Amount Approved £ _____

Date _____

**Help the Aged Local Committees
Chairman's Discretionary Grant
Application Form (for grants up to £2000)**



Please attach a copy of the groups financial statement and any other relevant information to this application

HtA use only

Committee _____

Application Source _____

(Committee Member, Co-ordinator, RDO.)

Date of Application _____

Date of Next Committee Meeting _____

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM IN BLACK INK.

A. ABOUT YOUR GROUP

1. Name of Group _____

2. Registered Charity Number (if applicable) _____

3. Contact Name & Position _____

4. Address for Correspondence _____

5a. E-mail: _____

5b. Tel. Number (incl STD code) _____

6. Chairman's Name _____

7. Treasurer's Name _____

8. Secretary's Name _____

9. What does your group do? _____

10. How often do you meet? _____

How many members do you have? _____

12. Where do you meet? _____

13. Are you affiliated to any National Charity or Government sponsored organisation? YES / NO

(if yes, please provide details.) _____

14. Is the group open to all older people irrespective of race, religion or politics? YES / NO

(if no, please provide details.) _____

16. Is the group open to all older people with disabilities (incl. people with physical & learning difficulties & mental health problems) YES / NO

(if no please provide details) _____

_____ If yes, how many?

16. Please provide a brief description of how you achieve your objectives, with particular reference to the involvement of your members and volunteers (if any)

B. WHAT ARE YOU PLANNING TO USE THE MONEY FOR?

1. Item(s) Required

2. Total cost of item(s) (incl VAT)

£

3. Amount Required from the HtA Committee

£

4. Balance

£

5. How will the balance be obtained?

From Whom

How Much £

From Whom

How Much £

From Whom

How Much £

From Whom

How Much £

6. Have you got any other grant application outstanding? YES / NO

(if yes please tell us to whom you have applied, and for how much)

7. Describe how the acquisition of this item / these items will benefit your project

8. If this grant is awarded to you how many people will benefit from it?

9. Signed on behalf of the group

10. Position

11. Date

C. BANK DETAILS

Cheque to be made payable to: _____ (Account Name - not an individual)

D. HELP THE AGED USE ONLYSigned on behalf of HtA Committee _____ Chairman/Treasurer/Other*
(*delete as appropriate)

Signed on behalf of HtA _____ (Co-ordinator)

Date cheque given to group _____ Amount approved £ _____

Presentation Y / N (*circle as appropriate)

Date

Thank you for taking the time to complete this form.
Your application will be considered at the next committee meeting.