

**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 ONLY**Signed 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.