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| **APPLICANT & CONTACT INFORMATION** |
| Name of contact person |  |
| Name of organisation |  |
| Please state your organisation’s registered address and postcode |  |
| Correspondence address if different to above |  |
| Contact email address |  |
| Daytime contact phone number |  |
| Organisation’s website address |  |
| What is the legal status of your organisation? | Registered Charity ​☐  | Registered Charity No.: |
| Company Limited by Guarantee ​☐​  | Company No.: |
| Faith Group ​☐​  | Residents Association ​☐​  |
| Other ​(please state) ☐​   |

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| Does your organisation have a bank account, which requires at least 2 Trustees/Directors or authorised signatories, who are unrelated and do not live at the same address? | Yes [ ]  No [ ]  |

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| Briefly tell us what your organisation does (Max 100 words) |  |

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| **ABOUT YOUR PROJECT** |
| Name of your project |  |
| Proposed period of activity | Start date:  |
| End date: |
| How much are you applying to the Age Well Central Fund for?  |  |

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| Describe the activities that will be delivered, how they will be delivered and what will be done when (maximum 200 words) |  |
| Where exactly will your project take place? |  |
| List the **outputs** (e.g. number of participants, number of activity sessions) and **outcomes** (benefit to participants/community**)** of the project |  |

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| **26. DECLARATION AND DATA PROTECTION** |
| **Declarations:**1. I confirm that I am the main contact in relation to the request for grant funding and that I am authorised to sign and represent this application on behalf of the applicant/organisation.
2. I confirm that the information given in the application is correct and that the project/service is not, in any way, established or conducted for profit or individual gain.
3. I undertake to inform Age UK Wandsworth of any changes to the project/service, management or organisational circumstances that would affect this application post submission.

Age UK Wandsworth staff may contact you once your application has been received if additional information is required to complete the assessment of your application. |
| **Print full name:** |  |
| **Position:** |  |
| **Authorised Signature:** |  | Date: |

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| **29. DATA PROTECTION STATEMENT** |
| The contents of this application are protected under the UK Data Protection Act 2018. Information gathered in this form will be shared with Age UK Wandsworth staff, Older People’s Advisory Group (OPAG) Members, auditors and funders. |
| For assessment and recommendations to be made we will need to share your application details within the Older People’s Advisory Group including its members.Should your application be successful your details will be used by Age UK Wandsworth for:* Age Well Central Fund publicity purposes.
* Processing grant agreements, grant monitoring and payment administration.
* Future mailings and correspondence targeted at the voluntary and community sector.

**Please indicate all below statements which you agree to**: |
| I agree to permit these details to be kept and shared for the above purposes.  |  |
| I agree for my details to be held afterwards for future mailings and correspondence. |  |
| **Please confirm your acceptance of this statement:** |
| I (Print name) ………………………………………………………………………………………………. confirm acceptance of the above statement on behalf of the applicant organisation:Signature…………………………………………………………… Date ………………………… |

Please email your application form **ONLY** to: outreach@ageukwandsworth.org.uk