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| **APPLICANT & CONTACT INFORMATION** | | | | | | | |
| **1.** | Name of contact person | | |  | | | |
| **2.** | Name of organisation | | |  | | | |
| **3.** | 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 | | |  | | | |
| **4.** | 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) ☐​ | | | |
| Has your organisation been established and operating for more than 12 months? | | | Yes ☐​  No   ​☐​ | | | |
| Do you have 3 or more Trustees or Directors (who are unrelated and do not live at the same address)? | | | Yes ​☐​  No   ​☐​ | | | |
| **5.** | Briefly tell us what your organisation does (Max 100 words) | | |  | | | |
| **6.** | Your recent annual finances | | | If your organisation uses small company accounting disclosure exemptions, these figures could be quite different to those in your annual report to Companies House. | | | |
| Annual Income | | £ | |
| Annual Expenditure | | £ | |
| Unrestricted/General Reserves | | £ | |
| **7.** | Please state your organisation’s reserves policy | | |  | | | |
| **8.** | Does your organisation have a bank account in its name, which requires at least 2 Trustees/Directors or authorised signatories, who are unrelated and do not live at the same address, to be signatories for it?  Yes  No | | | | | | |
| **9. LIVING WAGE** | | | | | | | |
| Do you pay all your staff at least the Living Wage or higher?  Yes  No  Not applicable – we have volunteers only | | | | | | | |
| If you have salaried staff, is your organisation accredited as a Living Wage Employer with The Living Wage Foundation? [The Living Wage Foundation](https://www.livingwage.org.uk/)  Yes  No  No, but interested in finding out more  No, but application in process | | | | | | | |
| Are you a branch of a larger organisation?  Yes  No  If yes, which one? | | | | | | | |
| **ABOUT YOUR PROJECT** | | | | | | | |
| **10.** | Name of your project | | |  | | | |
| **11.** | Proposed period of activity | | | Start date: | | | |
| End date: | | | |
| **12.** | How much are you applying to the Age Well Central Fund for? | | |  | | | |
| **DESCRIBING YOUR PROJECT** | | | | | | | |
| **13.** | Describe the activities that will be delivered, how they will be delivered and what will be done when (maximum 200 words) | | |  | | | |
| **14.** | Where exactly will your project take place? | | |  | | | |
| **15.** | Who will lead the project and what qualifications and experience do they have relevant to the project? If your project is hiring a specialist to run the project, who is not actually leading the project, please provide similar details. | | |  | | | |
| **16.** | What training will staff and/or volunteers undertake to run this project? | | |  | | | |
| **17.** | Who will benefit from the project? | | |  | | | |
| **18.** | How many people do you plan to benefit from the project? | | |  | | | |
| **19.** | How will you find or recruit those people who you hope will take part and who will benefit from the project?  If spaces are limited, what selection criteria will you adopt? | | |  | | | |
| **20.** | In planning this project, how have you directly consulted or engaged with those who you plan will participate in the project? | | |  | | | |
| **21.** | What evidence have you collected that demonstrates the need for this project? | | |  | | | |
| **MONITORING AND EVALUATION** | | | | | | | |
| **22.** | How will you monitor progress and evaluate the project? | | |  | | | |
| **23.** | What measurable numbers and types of activity/participants **(Outputs)** and positive differences **(Outcomes)** will the project deliver for the beneficiaries and/or community? | | |  | | | |
| **24. FINANCE SECTION:** | | | | | | | |
| How much is your project going to cost and how much do you need from the Age Well Central Fund?  Please provide a breakdown of costs in the table below.  This fund will only make awards up to £3,000. Projects costing more than £1,000 are required to provide a proportion of the full cost through Match Funding. (See Guidance Notes for details). | | | | | | | |
| **Section a) What do you want this grant to fund:**  **Item description**  Note: Applicants are encouraged to meet the minimum rates as per [www.livingwage.org.uk](http://www.livingwage.org.uk) for any staff costs. | | | | | | **Amount requested from the Age Well Central Fund. (£)**  (Please round all costs up to the nearest pound) | |
| Example: Hire of hall for 2x 2hrs/week for 30 weeks @ £15/hr = £1800 | | | | | | Example: £1800 | |
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| 1. **Total Age Well Central Grant applied for** | | | | | |  | |
| **Section b) What other costs are there which will be paid for from your reserves, other** **grants or other cash income you might secure**. **Where are other grants from?** | | | | | | | |
| Example: Hire of hall for 2x 2hrs/week for 30 weeks @ £15/hr = £1800 | | | Example: Awards for All grant (Received/ Awaited) | | | Example: 1800  (Please round all costs up to the nearest pound) | |
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| 1. **Total Cash Match Funding** | | |  | | |  | |
| **Section c) Other In-kind costs paid by free-use, discounts and/or volunteering?** | | | | | | | |
| Example: Current London Living Wage of £13.15 + 20% on costs = £15.78. e.g., 2 volunteers at £15.78 per hour/week x 2 hrs = 2 x £15.78 x 2 = £63.12 per week x 10 weeks. | | | | | | Example: £ 631  (Please round all costs up to the nearest pound) | |
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| 1. **Total In-kind Match Funding** | | | | | | **£** | |
| **FINANCE SUMMARY** | | | | | | | |
| 1. **Total Age Well Central Grant applied for:** | | | | | | **£** | |
| 1. **Total Cash Match Funding** | | | | | | **£** | |
| 1. **Total In-kind Match Funding** | | | | | | **£** | |
| **(A+B+C) = Total project value** | | | | | | **£** | |
| **Match funding % of total cost (B+C ÷ Total project value x 100)** | | | | | | **%** | |
| **25.** | If the project is to continue beyond the timescale of this funding, please describe how you plan to fund the continuation? | | | | | | |
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| **26. DECLARATION / SUPPORTING DOCUMENTS 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, 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: | |
| **Supporting documents to be provided with application.**  Please submit the following documents with your application: (Tick all that apply) | | | | | | | |
| A copy of my organisation’s Constitution/ Memorandum or set of rules | | | | | | |  |
| A copy of my organisation’s most recent audited accounts (no more than 18 months old) | | | | | | |  |
| Safeguarding Children & Vulnerable Adults Policy | | | | | | |  |
| Current Certificate of Public Liability Insurance | | | | | | |  |
| Health and Safety Policy (if applicable) | | | | | | |  |
| Volunteer Policy (if applicable) | | | | | | |  |

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| **27. 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 and supporting documents **ONLY** to: [outreach@ageukwandsworth.org.uk](mailto:outreach@ageukwandsworth.org.uk)