



The ACT Foundation

Enhancing the Quality of Life for People in Need

Grant Application Form for Individuals

&

Guidelines for Completion



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We accept applications by or on behalf of people living in poverty who have a physical and/or mental disability or are aged.

Applicants are required to be permanently resident in the UK.

We will only accept postal applications. We will not accept applications sent by e-mail.

We welcome applications for grants from all sections of the community and decisions are made having regard to our available funding levels and never on grounds of age, race or gender. For full details of our Equal Opportunities Policy please refer to our website.

Examples of applications we **will** consider:-

- Mobility aids (e.g. wheelchairs, stairlifts)
- Specialised seating and car seats
- Specialised beds and sleep systems
- Sensory toys and equipment, room padding
- Communication aids, specialised software
- Respite breaks at a registered centre for the applicant only
- Vehicle Adaptations

Examples of applications we **will not** consider:-

- Equipment or work for which there is statutory funding available
- Building works (including DFG shortfalls)
- Garden works
- Ordinary domestic items (e.g. flooring, white goods, furniture, clothing)
- Holidays
- Retrospective funding (e.g. where goods have already been purchased or ordered and a deposit paid)
- Deposits for vehicles

NB: Our income is derived from our investment portfolio and we receive many more applications than we can fund. As our funds are limited we give priority to people living in poverty and, where we deem that the beneficiary or the beneficiary's family should be able to provide the equipment from their own resources, the application will be rejected.

- 2.1 All requests for a grant must be submitted on our application form (Appendix 1) together with the supporting documentation requested (qualified health professional letter, quotation, etc). Incomplete applications will be returned unprocessed.
- 2.2 Applications can be submitted by the person in need (“Applicant”), family member, carer or qualified health professional (“Nominated Contact”) but must be signed by the applicant or their parent/guardian if aged under 18.
- 2.3 If requested you will provide financial evidence to support your application, e.g. bank statements, state benefit confirmation letters, copies of pay slips, etc.
- 2.4 We do not pay applicants direct or make cash payments. Payments are only made to UK based suppliers. The successful applicant will need to order the goods and services from the supplier directly and provide us with a copy of the invoice made out in the applicant’s name and address and we will then arrange payment to the supplier. **Please note, invoices made out to The ACT Foundation are not acceptable.**
- 2.5 To ensure applicant confidentiality and to satisfy data protection requirements, we will only discuss applications with callers after completing identity checks.
- 2.6 Our maximum grant award per individual is £2,500.
- 2.7 Successful applications may only be met in part thus requiring additional fundraising by the applicant.
- 2.8 You can apply for a grant at any time. Trustees meet four times a year but you do not need to time your application to coincide with these meetings. Where necessary, procedures exist to give approvals between meeting dates. We do not publish dates of Trustee meetings.
- 2.9 A letter acknowledging we have received your application will be sent to you within 10 working days of receipt at our office. If your application is in an unacceptable form, is ineligible or of a low priority we will tell you in this letter.
- 2.10 We will endeavour to complete the process and advise you of the outcome of your application within two months.
- 2.11 Grants from us are discretionary and subject to our priorities and the level of funds we have available. There is no entitlement to a grant and all cases are assessed on an individual basis. The decision of the Trustees is final and no correspondence will be entered into with unsuccessful applicants.

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Filling in the application form

The application form to complete is at Appendix 1. It is easily detached for posting to us together with the supporting documentation or alternatively you can download a copy from our website, www.theactfoundation.co.uk. We strongly recommend that you keep a copy for your own records.

Please note, we will not process your application unless you answer all the questions and attach all necessary supporting documentation. Please write clearly in capital letters.

The information you provide is required to help us to decide if a grant can be offered. Once you have completed your application form please post it to us at the address on the bottom of the form.

4.

By applying for a grant you are acknowledging that you have agreed the following general terms and conditions and that you have read and agreed to Section 2 “Information to help you with your application”.

- 4.1 You will acknowledge receipt of the grant in writing and confirm by letter that the money will only be spent for the purpose approved by us. The letter must be signed by you or, if applicable, your Nominated Contact.
- 4.2 You will only use the grant for the purpose it was awarded and, if not fully utilised, the balance will be refunded to us. Approval in writing must be sought for any proposed changes relating to the grant expenditure.
- 4.3 We may wish to visit to see the equipment funded by the grant. In accepting the grant, you agree that visits to view the equipment can be made at any time, subject to a minimum of 72 hours prior notice.
- 4.4 We reserve the right to withhold a grant or obtain repayment if we believe that any form of deliberately false or misleading information was provided to us.
- 4.5 We reserve the right to withhold a grant or obtain repayment if the applicant becomes bankrupt and the grant has not already been spent on its intended purpose.
- 4.6 Any assets of value purchased with the aid of a grant should be retained and used for the agreed purpose and not disposed of without our written consent.
- 4.7 In accepting the grant you acknowledge and accept that those supported by the grant are not regarded as being employed by us and that we accept no responsibility as employer.
- 4.8 You will indemnify us against any liability arising from any claim made against us in connection with or arising from our grant.
- 4.9 You agree that we may publicise the grant and use any of your own material in doing so. We will not disclose any personal data about you as publicity without first obtaining your express permission.
- 4.10 It is the responsibility of the beneficiary or their representative to ensure that the equipment for which a grant is being requested is suitable and appropriate.

5.

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Need further assistance?

Call the Grants Team on 01753 753900 or e-mail us at info@theactfoundation.co.uk

Please send the completed and signed application form together with ALL supporting documentation by POST to:-

The Grants Manager
The ACT Foundation
61 Thames Street
Windsor
Berkshire
SL4 1QW

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Appendix 1

The Application Form



Part 1 Applicant Details

Title

Surname

Forenames

Address

Postcode

Telephone No.

Date of Birth

Part 2 Nominated Contact's Details

Title

Surname

Forenames

Job Title
(if applicable)Organisation
(if applicable)

Address

Postcode

Telephone No.

Relationship to
applicant

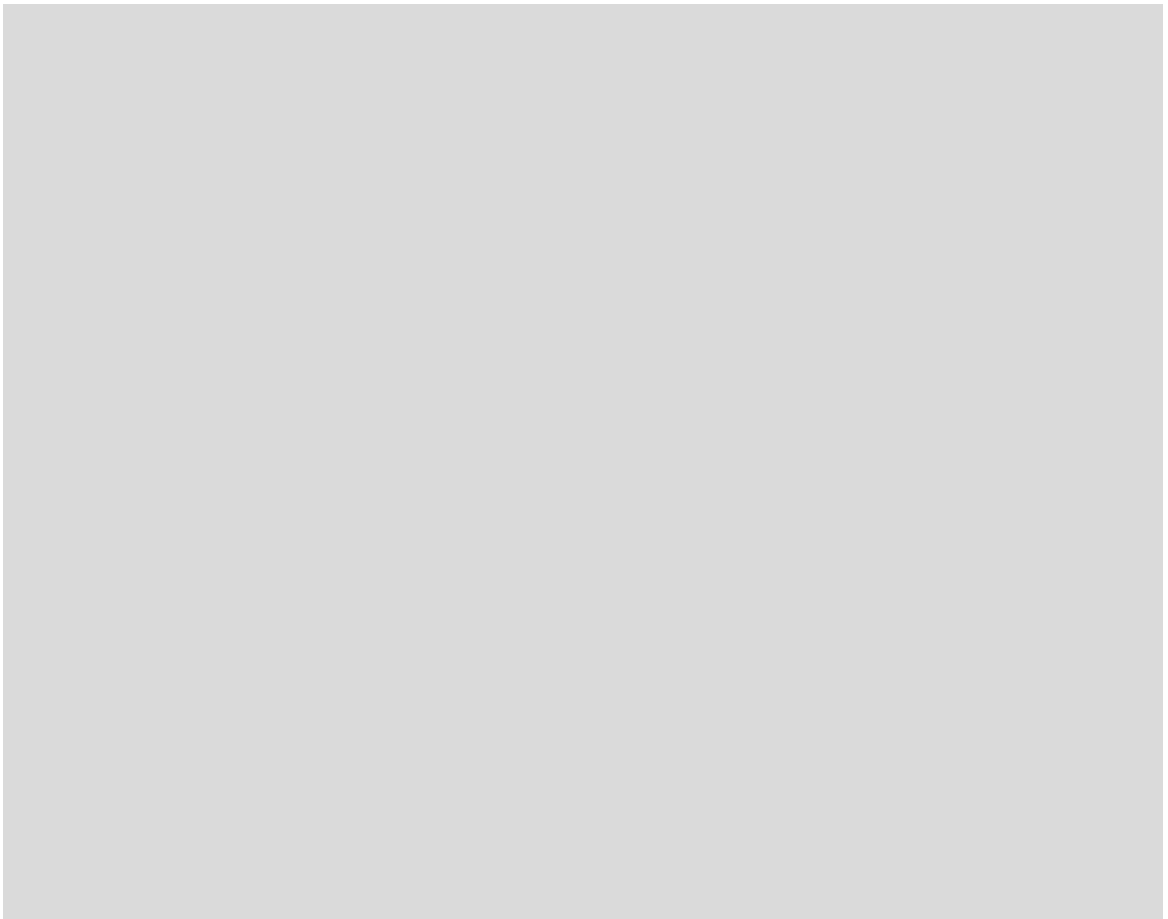
As the Nominated Contact of the Applicant I give consent for you to hold my above personal data and for you to contact me for the purposes of this application.

Nominated Contact Signature

Date

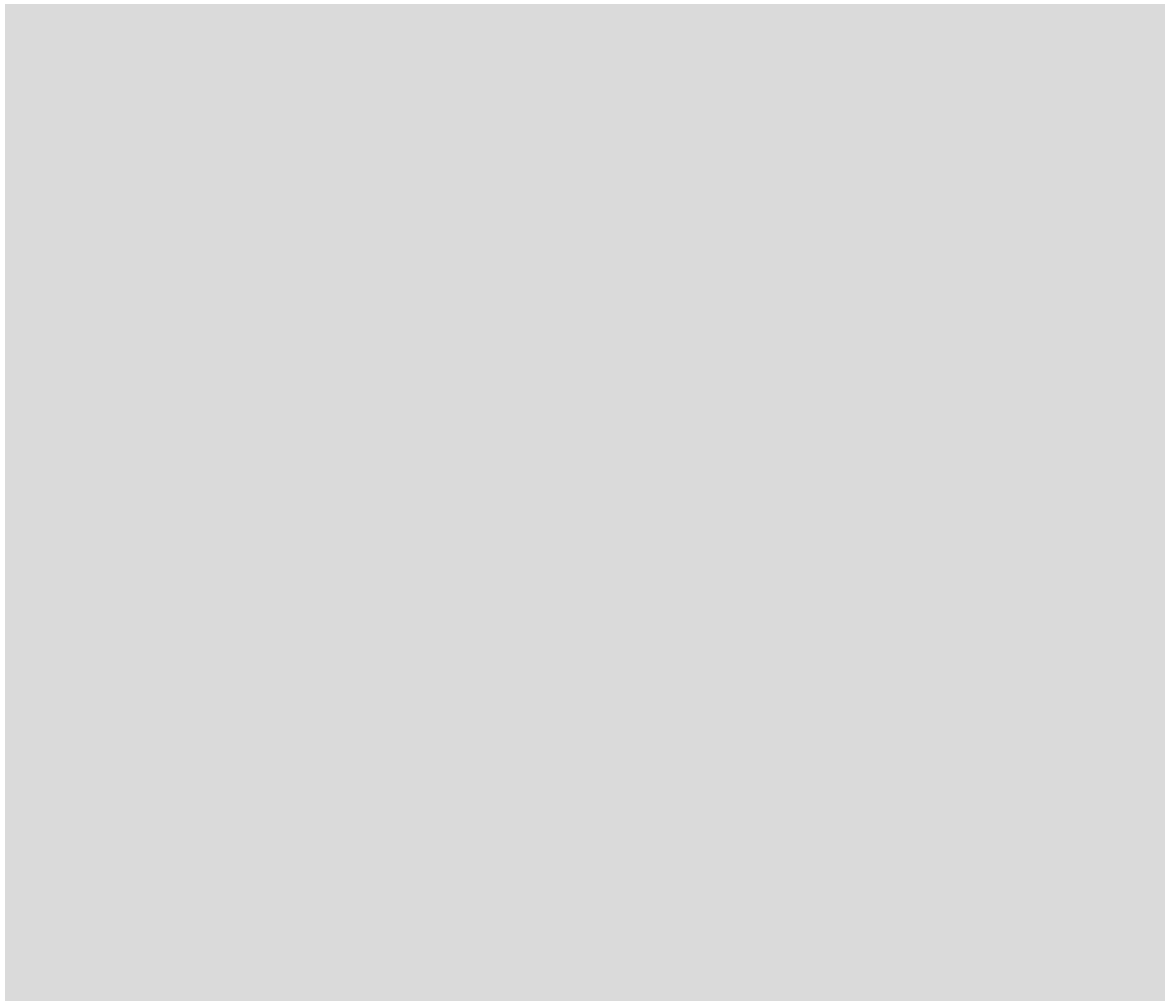
Part 3 Medical Conditions

Please give brief details of your medical condition and attach a letter/report from a qualified health professional specifically supporting the item of equipment or respite break you are requesting. Please note, any supporting documentation must have been provided by your qualified health professional within the last 12 months and be written on their headed notepaper.



Part 4 How much money are you requesting and what is the grant to be used for?

Please note we require a quotation on the proposed supplier's letterhead paper. When providing a supplier's quotation, please confirm with them that they will accept a **bank transfer** from the charity should your application for funding be successful.



Part 5 Your Household

Number of people living in the applicant's household

Please complete the table below to provide brief details of who lives in the household.

Relationship to Applicant	Age
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please state household residential status

Owner

Tenant

Other
(please specify)

Part 6 Total Annual Gross Household Income & Savings

Please include any earned income, private and/or state pensions and any other state benefits such as Universal Credit, DLA, housing benefit, tax credits, child benefit, carer's allowance, etc. for **ALL** members of the household.

Please provide your figures in the boxes below.

Total Annual Gross Household Income £

Total Household Savings £

How much of the household income comes from state benefits including state pension?

£

✓ Please tick the State Benefits boxes that apply to you

Disability Living Allowance (DLA)

Care Component

High rate care
 Middle rate care
 Low rate care

Mobility Component

High rate mobility
 Low rate mobility

Personal Independence Payment (PIP)

Care Component

Enhanced
 Standard

Mobility Component

Enhanced
 Standard

Other State Benefits

Attendance Allowance <input type="checkbox"/>	ESA <input type="checkbox"/>	State Pension <input type="checkbox"/>
Carer's Allowance <input type="checkbox"/>	Housing Benefit <input type="checkbox"/>	Universal Credit <input type="checkbox"/>
Child Benefit <input type="checkbox"/>	Income Support <input type="checkbox"/>	Working Tax Credits <input type="checkbox"/>
Child Tax Credits <input type="checkbox"/>	Pension Credit <input type="checkbox"/>	

Part 7 Other Funding

Have you applied to any other charities/organisations for assistance for this item or raised any funds through fundraising events?

Yes

No

If yes, please note the charity / organisation's name(s) in the box below and the amount requested/secured.

Organisation Name

Total Requested (£)

Total Secured/
Pledged (£)

Details of any other fundraising

Part 7 Other Funding

Is there any statutory financial assistance for this item?

Yes

No

If you have ticked yes, please use the box below to provide the amount and any detail e.g. if your application is for a wheelchair, please advise whether you have been assessed by your local Wheelchair Services and the outcome of the assessment. Were you awarded a voucher?

What personal contribution can you make towards the cost of the item?

£

Have you received help from The ACT Foundation before?

Yes

No

If yes, please provide details (e.g. date, amount, item funded, etc.)

Part 8 Data Protection and Privacy Notice

The confidentiality of your personal information is of paramount concern to us. We are registered with the Information Commissioner's Office as a data controller under the Data Protection Act 1998 and will process and hold your personal information in accordance with legislation.

The information on this form will be used to assess your application for a grant. The information will be held on our grant database system in both hard copy and electronic form. It will only be shared with other organisations where such organisations are part of match funding in respect of this application or where supporting information or clarification may be required from your qualified health professional or nominated contact. It will not be shared with any other party without your express permission unless we are required to do so by law or regulation.

We will hold and store information in accordance with relevant legislation.

Our current policy is to retain personal data for a period of 6 years from when a decision on your application is made, after which it will be destroyed.

By completing and signing this application form you are providing your consent for ACT to process and hold your personal data in accordance with the above.

The Data Protection Act 1998 confers rights of access to information we hold. Details are available on request.

Part 9 Signature of Applicant or, if the applicant is under the age of 18, a Parent or Guardian

We intend to rely on the information contained within this application so for your own benefit and protection please check carefully before signing and submitting the application. If you do not understand any point, please ask us for further clarification.

By signing this application below, the Applicant (or the Applicant's Parent or Guardian if applicable):-

- Confirms that the beneficiary is permanently resident in the UK.
- Confirms that the information provided in this application is complete and accurate and that there is no other information relevant to this application which has not been disclosed.
- Gives consent to The ACT Foundation holding and processing the information on the applicant contained in or with this application
- Gives consent for The ACT Foundation to share this information with other organisations that approach us for the purpose of providing additional funding in respect of this application.
- Acknowledges that where any equipment or services are requested, The ACT Foundation itself can accept no liability as a supplier for the quality or fitness for purpose of equipment or services delivered to the applicant or their nominated contact and any liability arising in respect of such equipment or services shall be a liability of the manufacturer or supplier providing or delivering the equipment or services in question.
- Acknowledges and accepts the Grant Terms & Conditions as set out in Section 4.
- Where you have provided a nominated contact you consent to The ACT Foundation discussing your application with them on your behalf.

Signed

parent or guardian to sign if applicant is under 18

Print Name

Date

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Supporting document checklist

Please ensure you have enclosed the following with your application.

We will be unable to process your application if you leave any sections of the form blank or if the appropriate documentation is not provided.

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED.

Letter of support from a qualified health professional, e.g. GP, Occupational Therapist, Consultant, Physiotherapist, etc. in support of your application and, where you are requesting mobility aids and specialist equipment, confirming it is suitable and appropriate for your needs.



A quotation for the item of equipment or respite break you are applying for on the supplier /provider's letterhead paper. The quote must give a description of the equipment, manufacturer and model and include cost and VAT if applicable. When providing a supplier's quotation, please confirm with them that they will accept a bank transfer payment from the charity should your application for funding be successful.



All quotes must be made out in the name of the applicant at their address and not in the name of The ACT Foundation.

Submission

When you have completed and signed this form please send it by post to:-

The Grants Manager
The ACT Foundation
61 Thames Street
Windsor
Berkshire
SL4 1QW

If you require any help regarding this application, please contact us at 01753 753900 / send us an e-mail to info@theactfoundation.co.uk

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