



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 from people in poverty, those who have a physical and/or mental disability or the 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:-

- Building adaptations where a Disabled Facilities Grant (DFG) has been awarded and there is a shortfall
- Mobility aids
- Specialised seating and car seats
- Specialised beds and sleep systems
- Sensory toys and equipment, room padding
- Communication aids, specialised software
- Respite at a registered centre for the applicant only
- Vehicle Adaptations

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

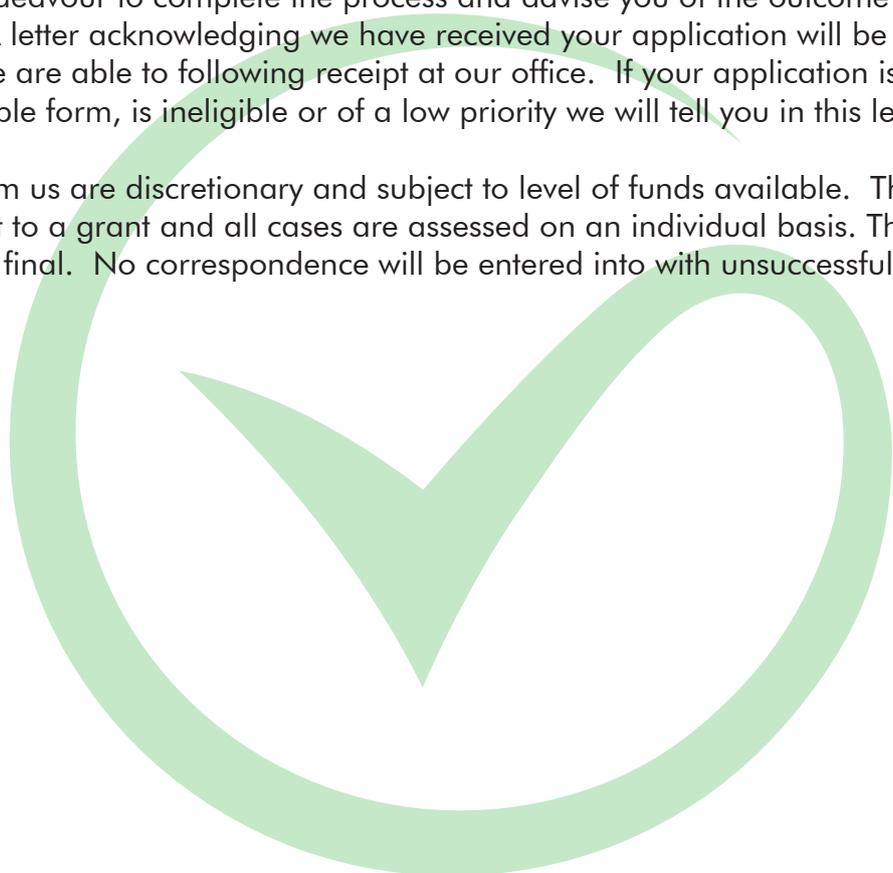
- Equipment or work for which there is statutory funding available
- Building works (unless a DFG has been secured)
- Garden works
- Ordinary domestic items (e.g. flooring, white goods, furniture, clothing)
- Holidays
- Retrospective funding (e.g. where goods have already been purchased or ordered and a deposit paid or where building work has already commenced)
- 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 have to prioritise and where it is deemed that the beneficiary or the beneficiary's family are able to provide the equipment from their own resources, the application will be rejected.

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Information to help with your application

- 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").
- 2.3 If requested you will provide financial evidence to support your application, e.g. 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 the supplier. 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. Successful applications may only be met in part thus requiring additional fundraising by the applicant.
- 2.7 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.
- 2.8 We will endeavour to complete the process and advise you of the outcome within three months. A letter acknowledging we have received your application will be sent to you as soon as we are able to following 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.
- 2.9 Grants from us are discretionary and subject to level of funds available. There is no entitlement to a grant and all cases are assessed on an individual basis. The Trustees' decision is final. No correspondence will be entered into with unsuccessful applicants.



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



By applying for a grant you are accepting 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". Grants from us are discretionary and subject to level of funds available. There is no entitlement to a grant and all cases are assessed on an individual basis. The Trustees' decision is final.

- 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 your Nominated Contact.
- 4.2 You will seek permission to spend any part of the grant that is not required for the purpose approved or that has not been spent within the agreed timescale. We will be informed, in writing, of any proposed changes relating to grant expenditure as soon as it is known. Any surplus funds will be refunded to us.
- 4.3 You will keep a financial record of the spending of the grant and retain a copy of any appropriate invoices and receipts and submit these to The ACT Foundation if requested.
- 4.4 We may wish to visit to see the work or equipment funded by the grant. In accepting the grant, you agree that visits to view the work or equipment can be made at any time, subject to a minimum of 72 hours prior notice.
- 4.5 We reserve the right to withhold a grant or obtain repayment if we find that any form of deliberately false or misleading information was provided to us.
- 4.6 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.
- 4.7 Any assets of value purchased with the aid of a grant should be retained and used for the agreed purpose. If used for another purpose or disposed of, this must be reported to us and we reserve the right to obtain repayment of the value of the asset or the transfer of it to another beneficiary if appropriate.
- 4.8 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.
- 4.9 You will indemnify us against any liability arising from any claim made against us in connection with or arising from our grant.
- 4.10 You agree that we may publicise the grant and use any of your own material in doing so.
- 4.11 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.

Call the grants team on 01753 753900 or email 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





Appendix 1

The Application Form





Part 1 Applicant Details

Title

Surname

Forenames

Address

Postcode

Telephone No.

Date of Birth



Part 2 Nominated Contacts Details

If for any reason the applicant is unable to apply themselves please provide details of the person applying on their behalf.

Title

Surname

Forenames

Job Title
(if applicable)

Organisation
(if applicable)

Address

Postcode

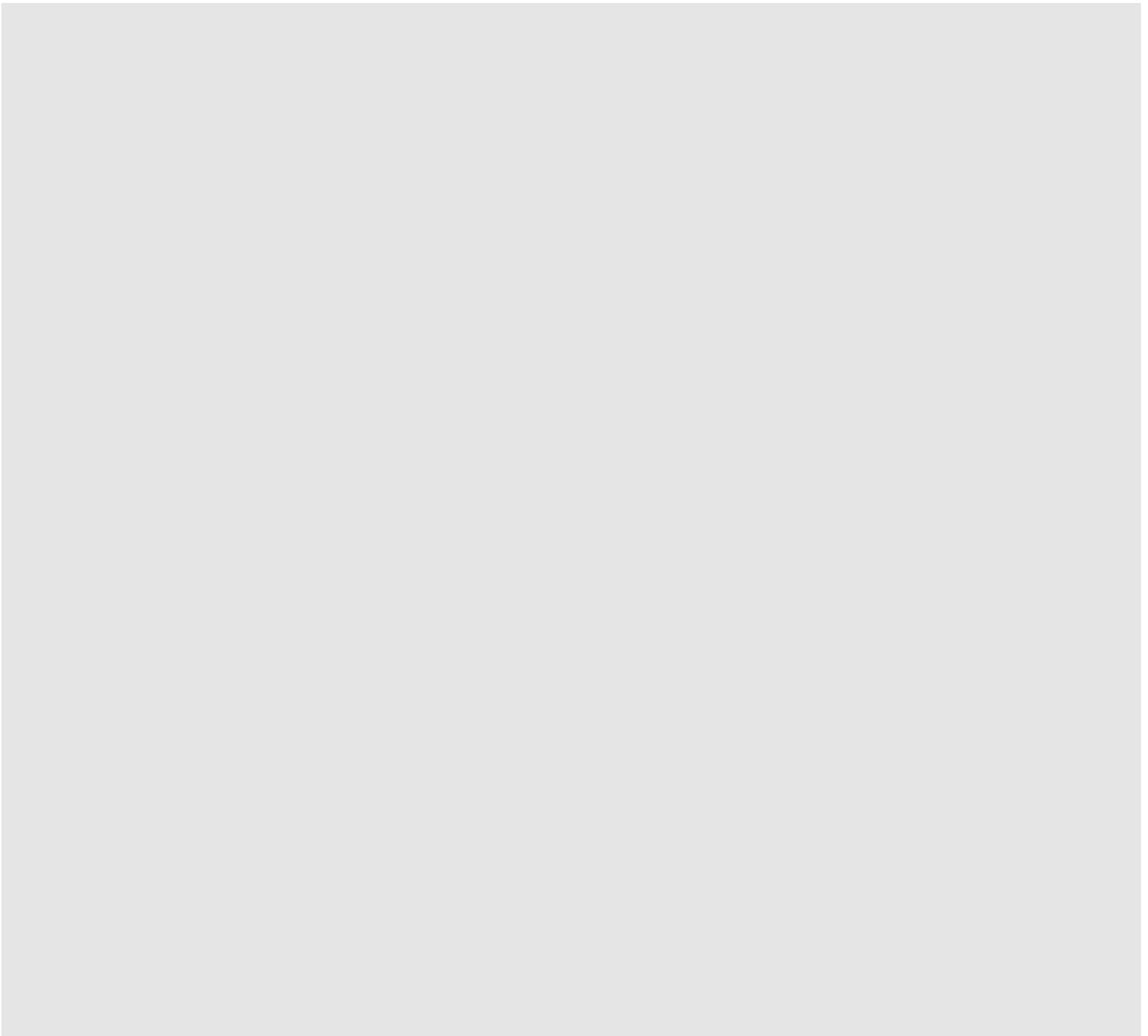
Telephone No.

Relationship to
applicant



Part 3 Medical Conditions

If the grant is required because of a medical condition please give brief details and attach a letter/ report from a qualified health professional in support of your application. 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? (maximum grant is £2,500)

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

If the request relates to adaptations to property and you are not the owner of the property, please attach a letter from the owner giving permission for you to undertake the adaptations and a copy of the Disabled Facilities Grant award letter, schedule of works and any relevant quotations.



Part 5 Your Household

Number of people living in the applicant's household

Please use the space below to specify who lives in the household and their relationship to the applicant

Please state household residential status

Owner

Tenant

Other
(please specify)



Part 6 Total Household Income & Savings

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

Please provide your figures in the boxes below.

Total Annual Household Income

£

Total Household Savings

£

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

£



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.

<u>Organisation Name</u>	<u>Total Requested (£)</u>	<u>Total Secured/ Pledged (£)</u>

Details of any other fundraising



Part 7 Other Funding

Is there any statutory financial assistance for this item (e.g. a DFG or voucher from NHS Wheelchair Services)?

Yes

No

If yes, please provide detail

£

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 / Other Policies

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.



Part 9 Signature of applicant or applicant's Nominated Contact

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 points, please ask us for further clarification.

By signing this application below the applicant and, if applicable, the applicant's Nominated Contact:

- 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 the information on the applicant contained in or with this application and gives consent for The ACT Foundation to share this information with other organisations for the purpose of seeking joint funding of the application and/or to check the financial and medical information provided by the applicant.
- 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.

Signed

Print

Date



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Appendix 2 - Supporting document checklist

Please ensure you have enclosed the following with your application.

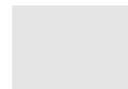
We will be unable to process your application if you leave any sections of the form blank or if the appropriate documentation is not provided.

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.

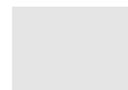


A quotation for the item of equipment or respite break you are applying for on the supplier / provider's letterhead paper. The quote must give a description of the equipment, manufacturer and model and include cost and VAT if applicable. **When providing a supplier's quotation, please confirm with them that they will accept a BACS 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.

For a Disabled Facilities Grant shortfall please include a copy of the Local Authority's award letter, schedule of works and any relevant quotations.



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

