Small Grants for Carers Groups Application Form

Name of organisation/individual applying

Contact details:-

Name & Position:

Email:

Address:

Phone no:

Mobile no:

Please provide us with some information about your group/organisation. (What activities/support do you currently offer? How will additional funding help you?) Please ensure that you have read the criteria for funding. What activities/support do you currently offer? How will additional funding enable your group to develop or offer new services that directly benefit unpaid carers?

Where are you/the group based? (E.g. Highlight House, Eastbourne)

In what area will you be providing a service? (E.g. Eastbourne & Seaford)

How much funding is required? (Please note: One application of a maximum of £500 per 12 month period will be considered)

Please give details of what the money is required for: Please refer to the funding criteria and tell us about your plans/the activity that you require funding for. Please include as much details as possible and whenever possible supply quotes to support your application.

Please describe how you believe unpaid carers will directly benefit as a result of the additional activity or new group you are requesting funding for. Please refer to criteria and consider all benefits such as practical, mental, social, health & wellbeing etc

Are you submitting copies of any quotes for related expenditure? (This is recommended)

Yes □ No □

Please attach separate papers securely with contact name written on back of each sheet.

Any additional Information in support of your application

|  |
| --- |
| Bank details for grant payment: |
| Name on account | Account number | Sort code |
|  |  |  |

Name………………………………………..…………………….(Printed)

Signed………………………………………………………….….

Position (If applicable)……………………………………………....

Date ………………………………...…………………………….

Office Use Only

CCG Area ………………………………………………………………………..

Date Received ………………………………………………………………………..

CVG meeting Date ………………………………………………………………………..

Application: Approved Declined Further information required

Payment made \_\_\_ / \_\_\_ / 20\_\_\_ Reference No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name ……………………………………………………………………….

Signed ……………………………………………………………………….