GRANTS TO OLDER PEOPLES' GROUPS - Application Form 2024-25

Please note that these grants are not a statutory service and are available at the discretion of Basildon Borough Council. We accept applications by email or post.

Please read the application guidelines before you make your application, even if you have made an application before.

Please note; the maximum amount of grant aid that can be requested or awarded is £500.

1.	Name of organisation (if you are a registered charity, please provide the appropriate number).
2.	Address of Organisation:
3.	Name (Main contact for this application).
4.	Contact Address (If different to that of the organisation).
Ро	st Code:
Те	l No:
En	nail:
Ро	sition Held in Organisation:
Νu	mber of Paid Staff in Organisation:
Νu	mber of Volunteers in Organisation:
Pa	yments are made by BACS - Please provide these details (Your application will not

Payments are made by BACS – Please provide these details (Your application will not be processed without bank details).



Name of Bank or Buil	ding Society:				
Account Number:					
Sort Code:					
Names of Account Si	anatories:				
	g.13.1011001				
5. Aims or purpose	of your organisation - Please	nclude a br	ief history	; numbe	r of
members/clients	and/or groups that benefit fror	n your activ	ities. (Ma	x 500 wo	ords).
6. Without the follow	ving information, your applicat	ion cannot	oe proces	sed.	
o. Williout the relieve	mig information, your applicat	ion carmot	oo prooce	oou.	
Total number of mem	bers				
Normal meeting place hire	e/name of the premises you				
Davida) of secondly					
Day(s) of meetings					
Bank balance and oth	ner cash in hand at date of				
application		£			



Total Annual Rent of Premises (Regular Meetings	
Only)	£
Hourly Rate or Seasonal Rate of Premises Being	
Used	£
Total amount requested from Basildon Council, this	
cannot exceed your annual rent/hire costs (Max	
£500)	£

7.	Which area(s) of Basildon Borough will your initiative benefit? (Please tick appropriate boxes)							
	Biller	ricay area		Centra	l Ba	sildon (Nethermayne/Fryerns)		
	East	Basildon (Pitsea/Vange)		West E	Basil	don		
	Wick	ford area		All of B	asil	don		
8.	Which	hich local client group(s) will your grant mostly benefit? (please tick all relevant boxes)						
	Benefits All Local People Older People (over 50 years of age)							
	Disabled People			People representing a specific religion or belief				
	Females			People representing a specific culture or ethnic origin				
	Drug/alcohol users			People undergoing gender reassignment		ergoing gender reassignment		
	Ex-offenders			Unemployed				
	People representing a specific sexual orientation			Males				
	People representing a specific marital status (single parents, divorcees, civil partnerships, cohabitees, etc)							
								1
9.	Where	e did you hear about this o	grant?	>				
		Local Newspaper (pleas	e sta	te)		Basildon, Billericay & Wickfo CVS (Newsletter, Bulletin, etc.)	rd	
		Basildon Borough Diary				Other voluntary group		
		Other Website (please s	tate)			Other funder (please state)		
		Basildon Council Websit	te			Leaflet, flier or poster		
		Other (please state)						



10.	Support	ing D	ocuments
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Your application <u>CANNOT</u> be assessed without copies of the following supporting documentation:

- RELEVANT HIRING AGREEMENT FOR THE PREMISES BEING USED.
- A RECENT BANK STATEMENT.

Please do not send original documents. In all cases, a photocopy or scanned copy will be sufficient as long as they are all clearly legible. Any unclear documents will not be accepted and could delay the application process.

- 11. Declaration: Please ensure that this declaration is signed and dated before being sent. Applications received, which are not signed, will not be considered for grant funding.
 - I confirm that the information provided is accurate and I have read understood and accept the Grants to Older Peoples' Groups grant criteria conditions and guidelines.
 - I am authorised to make this application on behalf of this group or organisation
 - I certify that the information contained in this application is true and correct
 - If the information changes in any way, I will notify Basildon Council immediately
 - I give permission for Basildon Council to record the information in this
 application electronically and to contact the organisation by telephone, post or
 e-mail to discuss its activities or funding opportunities.
 - The organisation will only use the grant for the reason given in this
 application. If it is used for anything else, Basildon Council may ask the group
 or organisation to repay it, and may want to see their accounting records. I
 acknowledge that the group or organisation will also have to repay any money
 that is unspent.
 - I understand that Basildon Councils decision is final.
 - I understand that we are required to supply satisfactory monitoring when requested to do so.

Signed:	Date:	



Please send your completed application form and the necessary enclosures by 5.15pm on 27th September 2024, to;

By Email: communitiesteam@basildon.gov.uk (preferred method)

By Post:
Voluntary Sector Development Officer
Community Involvement Team
Basildon Borough Council
The Basildon Centre
St Martin's Square
BASILDON, Essex SS14 1DL

For further information or assistance please contact the Council's Voluntary Sector Development Officer communitiesteam@basildon.gov.uk

For Translations, Large Print and Braille please call 01268 533333

Language Line Services

Customers with hearing or speech impairment can contact us using the service. Dial 1800 followed by the full number of the service you require. Calls are charged at your telecommunications provider's standard rate.

If you would like to find out more about how Basildon Borough Council use your personal data please go to www.basildon.gov.uk/privacy

