# 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).

Post Code:

Tel No:

Email:

Position Held in Organisation:

Number of Paid Staff in Organisation:

Number of Volunteers in Organisation:

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

Name of Bank or Building Society:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Number:  |  |  |  |  |  |  |  |  |
| Sort Code:  |  |  |  |  |  |  |  |  |

Names of Account Signatories:

1. Aims or purpose of your organisation - Please include a brief history; number of members/clients and/or groups that benefit from your activities. (Max 500 words).
2. Without the following information, your application cannot be processed.

|  |  |
| --- | --- |
| Total number of members |  |
| Normal meeting place/name of the premises you hire |  |
| Day(s) of meetings |  |
| Bank balance and other 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) | £ |

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| --- | --- | --- |
| 7. | Which area(s) of Basildon Borough will your initiative benefit?(Please tick appropriate boxes) |  |
|  | Billericay area |  |  | Central Basildon (Nethermayne/Fryerns) |  |  |
|  | East Basildon (Pitsea/Vange) |  |  | West Basildon |  |  |
|  | Wickford area |  |  | All of Basildon |  |  |
| 8. | Which 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 |  |  |
|  | Ex-offenders |  |  | Unemployed |  |  |
|  | People representing a specific sexual orientation |  |  | Males |  |  |
|  | People representing a specific marital status (single parents, divorcees, civil partnerships, cohabitees, etc)  |  |  |

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| --- | --- | --- |
| 9. | Where did you hear about this grant? |  |
|  | * Local Newspaper (please state)
 | * Basildon, Billericay & Wickford CVS (Newsletter, Bulletin, etc.)
 |  |
| * Basildon Borough Diary
 | * Other voluntary group
 |
| * Other Website (please state)
 | * Other funder (please state)
 |
| * Basildon Council Website
 | * Leaflet, flier or poster
 |
|  | * Other (please state)
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| 10. Supporting Documents |
| Your application CANNOT 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.  |

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| --- | --- | --- |
| 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.
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|  | 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 OfficerCommunity Involvement TeamBasildon Borough Council The Basildon CentreSt Martin’s SquareBASILDON, Essex SS14 1DL For further information or assistance please contact the Council’s Voluntary Sector Development Officer communitiesteam@basildon.gov.uk  |  |
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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](http://www.basildon.gov.uk/privacy)