



HELPTHEAGED WE WILL™



'Lease of Life' Small Grants Fund Application Form

Help the Aged use only	Org		Req	
Awarded	Yes <input type="checkbox"/>	£	No <input type="checkbox"/>	

Please read the enclosed guidelines before completing in this form.

Please type or write clearly

Name of group

Person completing and signing this form
Name:
Position in group:

Address for correspondence including postcode

Telephone number(s)

Email

Who to make cheque payable to?

What type of group are you (e.g. charity, co-operative etc)? If you are a registered charity please include your charity number.

How is your group managed? (e.g. by a committee, trustees etc).

Approximately how many members of your group/client group are aged over 55?

How are members involved in the running of the group?

Please give a brief outline of what your group does and what needs it is trying to meet.

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How much funding are you asking for?	£
Are you seeking funding from any other sources? (if 'yes' please specify)	

What are you going to use the money for? Please give a brief outline including a breakdown of how it will be spent. *If you are requesting money for equipment valued over £200, please enclose at least two quotations.*

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I confirm that the information given on this form is accurate to the best of my knowledge.

Signed: _____
Date: _____

Please return this form to:

Jayne Funnell
Age Concern Wiltshire
13 Market Place
Devizes
Wiltshire
SN10 1HT

Tel: 01380 727767