1. Eligibility criteria

Eligibility criteria
By checking this box, you are confirming that you have completed the <u>eligibility questionnaire</u> on our website and are confident that you are indeed eligible to apply.

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By checking this box, you are confirming that you have read and understood the <u>Terms and Conditions of Funding</u> before you complete the application form.

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2. About you

Name of key contact
Please provide details of the person who will be the key contact for this grant application.

Name of organisation
Please provide the name of the organisation applying for the grant. You do not need to complete the address details again if it is the same as that of the key contact, as provided in the answer to the previous question.

Registered charity number
Please provide your registered charity number. If you do not have a registered charity number, please use this space to explain why.

Number of paid employees	Number of volunteers

Approximately how many older people does your charity serve?	What is their age range?	Approximately what proportion of your total beneficiaries are older people?

Has your organisation received funding from the Dunhill Medical Trust in the past?

○ Yes   ○ No

3. About your project

Please tell us briefly about your organisation (with links to further information, if appropriate)
Include details of how long you've been established, where you operate, what you do and who you serve.

Please provide a short summary outlining your project and what you expect it to achieve

Who will benefit from the delivery of your project and how will they do so?
Please describe the people who will benefit from the project (numbers, ages etc) and how they will benefit from this project.

If this is a major building project requiring planning permission, please describe the steps you have taken to consult with a) beneficiaries and b) the local community. Please also use this space to describe the research you've undertaken regarding the design. For example, perhaps you've carried out surveys or visited similar schemes in other localities or is there a body of research to which you have accessed that has led you and your advisers to design the project in this way?

4. Managing your project

**Who within your organisation will be responsible for delivering the project?
What are their qualifications/background/experience?**

Is this project is an alteration, extension or refurbishment to an existing building?

⚪ Yes   🔘 No, it is a new build

Please provide copies of any relevant permissions to carry out the work (or plans to obtain those permissions)

File name	Date uploaded

Please upload your project plan which should include key start and end dates and milestones, (including evaluation, review and communication activities)

File name	Date uploaded

5. Financial support requested

What is the total cost of the project?	How much are you applying to us for?

If there is a shortfall in funding required, please tell us how are you planning to fund the rest of the project. If you have approached other funders, please tell us who you have approached, the amount requested and when you expect to hear the outcome. Also include details of any income you expect to obtain from the project, such as participants' fees.

When do funds need to be secured?
Is there a date by which you need to secure funds to start the project?

Any further comments on date by which funding is required

Do you need a certain proportion of the funds to be in place before the project can start?

○ Yes ○ No

How will you spend any money awarded to you? Please provide the overall project budget
If you are applying for a contribution towards a major building project, please note that we do not require a detailed budget of building costs/materials.

Budget heading	Total	Total
No Budget Items Added		

6. Other requirements and declarations

As part of this application you must provide your last year's signed accounts, either through file upload or by providing a link to where they may be downloaded from the Charity Commission's website.
Please select how your will provide your signed accounts

○ File upload   ○ Link to download

Applicant declaration

By checking the boxes below, you are confirming that you have read and agree to be bound by the terms and conditions stated. Copies are available via the links to the Trust's website provided, or by contacting the Trust's offices on 0207 403 3299.

I have accessed and read a copy of the Dunhill Medical Trust's <u>Grant Making Policy</u> and <u>Terms and Conditions for grants for community-based organisations</u> and that in accepting any offer of a grant which is made by the Trust, agree to be bound by them. I also understand that no alteration or waiver of those conditions can occur without written approval from the Trust.

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I agree that the personal data relating to me shown on this form, or otherwise made known to the Dunhill Medical Trust for the purposes of making and managing grants, may be recorded by the Trust and used by it for the purposes of evaluating, monitoring and administering any such grant and for reference in connection with it and may be passed by it to individuals and/or organisations consulted by the Trust when assessing applications and monitoring grants and to the Trust's auditors.

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