

1. Eligibility criteria

Eligibility criteria

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

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

2. About you

Name of key contact

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

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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.

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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.

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Number of paid employees <hr/>	Number of volunteers <hr/>
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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.

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

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Who will benefit from the delivery of your project?

Please describe your target beneficiaries and identify as closely as possible the number of people you estimate will benefit (with their age ranges).

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How will the lives of older people be improved as a result of your work?

Please identify three or four outcomes that you aim to achieve, which will demonstrate the success or otherwise of the project.

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On what evidence is your proposal based?

For example, perhaps you've carried out surveys or visited similar schemes in other localities which have had great outcomes or is there a body of research to which you have access which suggests that your project will have a positive impact on the lives or living conditions of older people?

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Are you the only organisation serving these beneficiaries/providing this support?

If not, please tell us why you think you are best equipped to deliver the project and outline any plans for working together, sharing resources etc – or if this is not part of your plans, why you think it inappropriate.

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4. Managing your project

Who within your organisation will be responsible for delivering the project?

What are their qualifications/background/experience?

If volunteers are going to take a leading role in your project, please tell us how you are going to train and support them.

What are your plans for telling others about the project outcomes?

We're interested in how you're intending to share best practice or other learning from the project, perhaps by commissioning an independent evaluation. If it is a pilot project, how you are intending to launch it to a wider group of beneficiaries?

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
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5. Financial support requested

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

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When do funds need to be secured?

Is there a date by which you need to secure funds to start the project?

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

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Yes No

If the project is successful, how are you planning to ensure its future financial sustainability?

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How will you spend the grant awarded to you? Please provide a breakdown of your intended expenditure and your best estimate of how it is to be phased over the life of the project.

Budget heading		Year 1	Total
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
	Cost	£0.00	£0.00
Total	Cost	£0.00	£0.00

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 Grant Making Policy and Terms and Conditions for grants for community-based organisations 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.

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.