



Grant Application Form for Individuals
&
Guidelines for Completion



1. Who can apply?

Applicants are required to be permanently resident in the UK.

We welcome applications for grants from all sections of the community and decisions are made based on our available funding levels and never on grounds of age, race or gender. For full details of our Equal Opportunities Policy please refer to our website.

Examples of applications we will consider:-

- Building adaptations where a Disabled Facilities Grant (DFG) has been awarded and there is a shortfall
- Mobility aids
- Specialised seating and car seats
- Specialised beds and sleep systems
- Sensory toys and equipment, room padding
- Communication aids and specialised software
- Respite at a registered centre for the applicant only
- Vehicle Adaptations

Examples of applications we will not consider:-

- Equipment or work for which there is statutory funding available
- Building works (unless a DFG has been secured)
- Garden works
- Ordinary domestic items (e.g. flooring, white goods, furniture, clothing)
- Holidays
- Retrospective funding (e.g. where goods have already been purchased or ordered and a deposit paid or where building work has already commenced)
- Deposits for vehicles

2. Information to help with your application

All requests for a grant must be submitted on our application form together with the supporting documentation requested (qualified health professional letter, quotation, etc.). We also require proof of address (a utility bill is sufficient). Incomplete applications will be returned unprocessed.

Applications can be submitted by the person in need ("Applicant"), family member, carer or qualified health professional ("Nominated Contact").

The Maximum grant available per application is £500, although this is discretionary and the trustees welcome all applications.

You can apply for a grant at any time. Trustees meet four times a year but you do not need to time your application to coincide with these meetings.

We will endeavour to complete the process and advise you of the outcome within three months.



Application Form

Applicant's details:

Title:

Family Name:

Forenames:

Address:

Email Address:

Telephone Number:

DOB:

Nominated Person's Details (If for any reason the applicant is unable to apply themselves please provide all details of the person applying on their behalf)

Title:

Family Name:

Forenames:

Job Title (if applicable):

Organisation (if applicable):

Address:

Email Address:

Telephone Number:

Relationship to applicant :

Medical Conditions

The Lincolnshire Cerebral Palsy Society provide grants to help people who have been diagnosed with Cerebral Palsy. To support the application please attach details of your medical condition along with a report from a qualified medical professional.

How much money are you requesting, and what will it be used for?

Please provide details of how the grant will be spent, how it will help to manage the applicants needs, and a quote/confirmation of cost. Please note that the charity will usually process the payments after an invoice is provided rather than giving out cheques/cash prior.



Have you successfully applied to us for a Grant before?

If yes, please provide details:

Signature of applicant or applicant's nominated contact

We intend to rely on the information contained within this application so for your own benefit and protection, please check carefully before signing and submitting the application. If you do not understand any points, please ask us for further clarification.

By signing this application the applicant and, if applicable, the applicant's Nominated contact:

- Confirms that the beneficiary is permanently resident in the UK.
- Confirms that the information provided in this application is complete and accurate, and that there is no other information relevant to this application which has not been disclosed.
- Gives consent to The Lincolnshire Cerebral Palsy Society holding the information on the applicant contained in or with this application.

Sign

Print

Date

