



Cardiff and the
Vale of
Glamorgan



Ageing Well
Grant Scheme for Older Peoples' Groups (aged 50+)
in Cardiff

Application Form

Details About your group

1. Name of group

How often does your group meet?		
Is it open to all older people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many people usually attend?		

2. How many people are involved with your group?

Committee members	<input type="text"/>	Volunteers	<input type="text"/>	Paid staff	<input type="text"/>
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3. Name of main contact in the group

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position held

Address for correspondence

Postcode

Tel Fax

Email

4. **Please briefly describe the services or activities that your group currently provides.**

About this grant

5. **What are you applying for and how would a grant benefit your group?**

6. **How have you identified the need and how will the group or activity be publicised?**

About your financial details

- 12. Please give us details of your bank account or bank account details of the organisation that is prepared to administer any monies on your behalf.**

Name on account	<input type="text"/>				
Bank / building society name	<input type="text"/>				
Bank / building society address	<input type="text"/>				
Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>				
Building society roll number (if applicable)	<input type="text"/>				

- 13. Please give the names of two bank signatories and their positions for your organisation or the organisation that is supporting you.**

1.	Name	<input type="text"/>	Position	<input type="text"/>
2.	Name	<input type="text"/>	Position	<input type="text"/>

- 14. Nominated Supporter**

Please nominate at least one person who is not a member of your group but who is sufficiently aware of your group who we may approach to support your application.

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation		
<input type="text"/>		
Email		
<input type="text"/>		

15. Your signature on behalf of the organisation

(This must be the signature of the main contact in question 1).

I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate. I understand that Age Concern Cardiff and the Vale of Glamorgan may collect supporting information at any stage of the application process.

I further confirm that this application is made on the basis that if successful, the group applying will be bound to use the grant only for the purposes specified in this application, and will have to comply with the terms laid down in the confirmation of grant letter.

Signed

Date

Please make sure that you send this form back to us fully completed. You must also enclose the following supporting documents:

- **A copy of your group's rules or constitution;**
- **Your groups latest accounts, or statement of income or expenditure, with an appropriate signature.**

Part or all of the information you provide us with will be held on computer. This information will be used for the administration of applications and grants and for producing statistics. Copies of this information will be provided, when necessary to individuals and organisations, including Cardiff Council for monitoring and assessing applications and grants.

Please return the completed application form and required documents to

Mathew Coffin
Age Concern Cardiff and Vale
Unit 4, Cleeve House, Lambourne Crescent,
Llanishen, Cardiff
CF14 5GP

Tel: 029 2068 3691

E-mail: Mathew.Coffin@age-concern-cardiff.org.uk

www.age-concern-cardiff.org.uk

Closing dates for applications are as follows:

Friday 12th June 2009
Friday 12th November 2009