**Age-friendly and Inclusive Volunteering Legacy Grant Application Form**

Applicants should complete the online application form and return it to [volunteeringreview@ageing-better.org.uk](mailto:volunteeringreview@ageing-better.org.uk) by **12pm 24th January 2022.**

Any queries should also be emailed to [volunteeringreview@ageing-better.org.uk](mailto:volunteeringreview@ageing-better.org.uk) by **12pm 10th January 2022.**

We will provide clarification to any questions on the grant by 12th January 2022.

[in the interest of fairness any responses to clarification questions will be published publicly on our website for interested grant applicants].

**The closing date for applications is 12pm 24th January 2022. Please notify us of your intention to bid by 13th January 2022.**

All applicants will receive acknowledgement of submission by email. Applications will be reviewed by a shortlisting panel.

We reserve the right to interview applicants and appointment will be subject to due diligence processes.

A final decision on the grant award will be made by 25th February 2022 and communicated to all applicants via email.

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| 1. **Organisation details and eligibility** | | | | | | |
| Organisation Name | |  | | | | |
| Title of your proposal | |  | | | | |
| Amount of funding requested | |  | | | | |
| Type of organisation | | Registered charity / community interest company | | | | |
| Registered charity number or company number | |  | | | | |
| What date was your organisation established? | | | | | | |
|  | | | | | | |
| What was your organisation’s turnover in the last financial year? | | | | | | |
|  | | | | | | |
| What was your level of unrestricted reserves at the end of the last financial year? | | | | | | |
|  | | | | | | |
| Have you read the standard terms and conditions set out in Appendix 1 | | | | | | |
| YES / NO | | | | | | |
| If you answered ‘yes’, do you agree to abide by these conditions? | | | | | | |
| YES / NO | | | | | | |
| Have you read and signed the Non-canvassing Certificate at Appendix 2? | | | | | | |
| YES / NO | | | | | | |
| Have you read and signed the Supply Chain of Conduct at Appendix 3? | | | | | | |
| YES / NO | | | | | | |
| If yes, can you confirm that you can identify and account for this grant as restricted funding? | | | | | | |
| YES / NO | | | | | | |
| Can you confirm that you will be happy to report to Ageing Better at jointly agreed milestones throughout the project? | | | | | | |
| YES / NO | | | | | | |
| Can you confirm that you have a UK bank account in your organisation’s name which requires at least two signatories to authorise expenditure? | | | | | | |
| YES / NO | | | | | | |
| Please provide contact details of two references | | | | | | |
| Ref 1 | | | | Ref 2 | | |
| Can the references be contacted now? | | | | | | |
| YES / NO | | | | | | |
| 1. **Your organisation and experience** | | | | | | |
| Tell us briefly what your organisation does and describe your national scale, spread and influence  [up to 200 words] | | | | | | |
|  | | | | | | |
| Please describe briefly what experience you have in the area of age-friendly and inclusive volunteering  [up to 200 words] | | | | | | |
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| 1. **Your idea for this grant** | | | | | | |
| 3.1 Tell us how you would use this grant. Please provide a brief outline of your approach including delivery plan, main activities, milestones and estimated number of beneficiaries and type of beneficiaries  [up to 400 words] | | | | | | |
|  | | | | | | |
| 3.2 Tell us how this funding would enhance and expand your current offer/ practice  [up to 200 words] | | | | | | |
|  | | | | | | |
| 3.3 Tell us how you plan to reach people in later life who are most at risk of missing out on volunteering and community contribution opportunities through this grant  [up to 100 words] | | | | | | |
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| 1. **The impact you expect to achieve** | | | | | | |
| Please describe briefly what impact you expect to achieve  [up to 200 words] | | | | | | |
|  | | | | | | |
| Tell us how you will measure the impact of your work and who you will share that impact with  [up to 200 words] | | | | | | |
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| **5. Your budget for this work** | | | | | | |
| Please set out below how you plan to use this grant  *(Other funding or in-kind contributions are not required but please let us know if you have or anticipate any)* | | | | | | |
|  |  | | Amount sought from this grant | | Other funding - please indicate if secured or not | **TOTAL** |
| **Staffing costs** (as outlined in “your activities”, please include full staff costs including all on costs)  [add more rows where necessary] | | | | | | |
| **Name and/or position** | **Total time allocation and salary rate** | |  | |  |  |
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| **Other activity costs**  [add more rows where necessary] | | | | | | |
| **Description of activity / expenditure type** | **Explanation** *(e.g. volume and unit costs; monthly costs; other justification)* | |  | |  |  |
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| **TOTAL** | | |  | |  |  |
| **Contact details for this grant application** | | | | | | |
| Name | |  | | | | |
| Email address | |  | | | | |
| Phone number | |  | | | | |