**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 by **12pm 24th January 2022.**

Any queries should also be emailed to 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**
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| 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]  |
|  |
| 1. **Your idea for this grant**
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| 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] |
|  |
| 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]  |
|  |
| **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** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other activity costs** [add more rows where necessary] |
| **Description of activity / expenditure type** | **Explanation** *(e.g. volume and unit costs; monthly costs; other justification)* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |
| **Contact details for this grant application** |
| Name |  |
| Email address |  |
| Phone number |  |