**Positive Ageing Small Grants Programme**

**2023-24 Application Form**

|  |  |
| --- | --- |
| **Name of Organisation / Group** |  |
| **Contact Person** |  |
| **Position in Group** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number(s)** |  |
| **Email Address** |  |
| **Charity Registration Number****(If Applicable)**  |  |

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Yes** | **No**  |
| **I confirm that the group is not-for-profit Community and Voluntary Sector organisation/group** |  |  |
| **I confirm that one application from this organisation/group is being submitted for this grant** |  |  |
| **Do you provide activities/ services supporting older people aged 60+?**  |  |  |
| **Is your annual income less than £5000?** |  |  |
| **If no to above question please provide your annual income:** |  |
| **If successful and applicable, I agree to the details being included in the Positive Ageing promotional material.** |  |  |

**PLEASE NOTE**

Positive Ageing funding is available to support Organisations and Groups with the costs of venue hire, tutor costs and material costs. This funding will not cover the cost of transport or refreshments. See guidance notes for more information.

**Name of Organisation/Group:**

|  |
| --- |
|  |

**Summary of activities/ programmes including how it meets the funding aims? Please see attached guidance notes.**

**Max 100 Words (20 Marks)**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Actions/ What will you do?** **(20 Marks)** | **No of Participants****(5 Marks)** | **Timescale of Activities / Programmes (including completion date)** **(5 Marks)** | **Breakdown of Costs****(20 Marks)** |
|  |  |  |  |

**Have you involved programme participants and/or carers in the designing of this activity/programme, if so please tell us how?**

**Max 100 words (20 Marks)**

|  |
| --- |
|  |

**If your application is successful, it is a requirement to complete an evaluation questionnaire and Section 75 information. By ticking this box you are agreeing to complete an evaluation questionnaire and Section 75 information.**

**Please Print Name: Signature:**

**Designation: Date:**

**Closing date: Completed applications should be emailed to aforbes@southwestagepartnership.co.uk by Friday 22nd September 2023.**