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| **Healthy and Active Life Fund for Dementia** | | | | | | | | | | | |
| **Application Form** | | | | | | | | | **Ref: (for office use only)** | | |
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| **Name of group/service or organisation** | | |  | | | | | | | | |
| **Please give a short summary of what your group does:** | | |  | | | | | | | | |
| **Please tick organisation type** | | | Voluntary  group | | Community group | | | Service | | | Organisation |
| **Charity or company number where applicable:** | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| **Person completing and signing this form** | | | | | | | | | | | |
| **Name:** |  | | | | | **Job title:** | | | |  | |
| **Address for correspondence: Postcode:** | | | |  | | | | | | | |
| **Telephone number:** | |  | | | | **E-mail:** |  | | | | |
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| **Application details** | | | | | | | | | | | |
| To support the decision making process, please can all respondents complete all questions **as fully** and as **comprehensively** as possible.  **What are you applying for and why?**  **How do you know there is a need for this?**  **Please describe the reason behind your ideas.**  **What objectives of the fund are you addressing? (please tick all that apply)**  **Funding allocations will only be considered if they meet one or more of the following objectives:**   * Increase awareness and understanding of dementia * Increase access to information, help and support * Reduction of barriers to daily living * Improve opportunities for people with dementia to live well * Increase in support for carers of people living with dementia   **What will you actually do in terms of project activities?**   |  |  |  | | --- | --- | --- | |  | **Proposed Actions (you do not need to complete all 4 sections)** | **Target completion date** | | **1** |  |  | | **2** |  |  | | **3** |  |  | | **4** |  |  |   **Describe the improvements you will achieve**  **Which groups of people will benefit?**  **How will your actions be sustained when the funding is used up?**  **How much are you applying for?** \_£\_\_\_\_\_\_\_\_\_\_\_\_  **Have you joined/applied to join the Wakefield DAA? YES / NO**  *This is a requirement of applying (rather than to be completed on receiving an award from the fund)*  **Please give a breakdown of the costs of the items you require funding for.**  **Please provide quotations for any items required:**   |  |  |  | | --- | --- | --- | | **Item** | **Cost**  **Total cost** | | |  | **Dementia Innovation Fund** | **Other Funding**  **Funder:** | |  | £ | £  £ | |  | £ |  | |  | £ |  | |  | £ |  | |  | £ |  | | **Total** | **£** | **£**  **£** |   **What is the anticipated start date of the project?** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  **What is the anticipated finish date of the project?** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | |
| **Please also tell us about any dementia-friendly actions that your organisation is taking which it is either funding itself, or making a contribution in-kind to** | | | | | | | | | | | |
| Successful applicants will be sent an evaluation form for completion and return, within 4 weeks of issue, using the outcomes noted above, including the following items:   * A record of actions undertaken and completed * Outcomes that demonstrate the success of your project   + Where applicable the number of people affected through your actions   + Where appropriate the recording of demographic and equality monitoring detail including; age, gender, ethnicity and post code (first part of the postcode and the first digit of the second part of the postcode e.g. WF10 3) e.g. on feedback forms, group membership * Any actions which are incomplete with reasons   **The funders reserve the right to reclaim the funds if they are not used for the purpose requested.** | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | |
| * **I confirm that the information given in this application is to the best of my knowledge and accurate** * **I confirm that if successful the organisation / service is responsible for completing a post project evaluation or 6 month evaluation (which ever comes first)** * **If successful I agree to publicising the receipt of receiving funding from the Wakefield Dementia Innovation Fund where appropriate** * **I commit to working towards a Dementia Friendly recognition process for dementia friendly communities (National launch in progress).** * **I have included all relevant quotations**   **Signed**  **on behalf of the service/ organisation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_ /\_\_\_ /\_\_\_  **Send your completed application form to: Diane Wiggans at Age UK Wakefield District, 7 Bank Street, Castleford, WF10 1JD; Email** [dianewiggans@ageukwd.org.uk](mailto:dianewiggans@ageukwd.org.uk)**; Tel 01977 552114** | | | | | | | | | | | |
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