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| **Healthy and Active Life Fund for Dementia** |
| **Application Form** | **Ref: (for office use only)** |
|  |
| **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:** |  |
|  |
| **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**; Tel 01977 552114** |
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