**Norfolk Millennium Trust for Carers Guidance & Criteria**

**Who can the fund help?**

* Unpaid carers who live in Norfolk, of all ages and from all backgrounds, who are looking after a relative, partner, friend or neighbour in need of help because of sickness, age or disability of any kind.

**Who is the Fund unable to help?**

* Carers who are not normally resident in Norfolk.
* Children living in care and whose care is legally the responsibility of the local authority.
* The fund will not consider requests within 3 years of a previous grant. Applicants who have not previously received a grant will be prioritised if there is high competition for the available funds.

**What can the Fund help with?**

A grant can be given to buy, or contribute towards the cost of things like:

* A holiday, short break or outing to help relieve the pressures of caring.
* Household equipment such as a washing machine, tumble drier or fridge/freezer.
* A computer, laptop or tablet to make school work or adult learning easier, or be a lifeline to the wider world.
* Home improvements such as carpets, furniture, beds and mattresses, decorating and garden equipment.
* A personal hobby, pastime or leisure activities.

The Trust can also supply wheelchair power packs. *Please note power packs are subject to the availability of funding.*

The benefit to the carer is always the priority in assessing an application.

**What items we CANNOT assist with:**

* Items solely for the use of the cared-for.
* Items or services that are paid for before receiving a grant - we cannot award retrospective grants. This includes deposits for breaks.
* Utility bills, council tax or rent.
* Loans, debts or bankruptcy fees.
* Medical services and equipment.
* Small items of equipment for daily living e.g. fire guards, bath aids and ramps.
* Help with moving house.
* General subsistence costs.
* Mobile phones.
* Driving lessons and car maintenance.
* Repeat items over an extended period.

**Things to consider**:

* The maximum grant award is £250.
* We are normally only able to assist with 1 item per application.
* Please allow at least 6 weeks after submitting your application before enquiring about its progress. This means you need to allow a minimum of 10 weeks from the date you apply for a grant and the date you want the activities to take place.
* Please note: Grants are to be spent within 6 months. If awarded a grant, you will have 6 months to use the grant for its approved purpose and return any monitoring.
* Applicants are asked to provide evidence of the cost of the required funding in support of their application. If successful, individuals will be required to complete a brief report stating how the grant was spent and what difference it has made.

**Questions or Need Help?**

We aim to be flexible to assist those most in need. If you are unsure whether your request will meet our criteria please phone Norfolk Community Foundation on 01603 623958 or email [grants@norfolkfoundation.com](mailto:grants@norfolkfoundation.com).

**Norfolk Millennium Trust for Carers** Application Form

Please ensure you complete all sections of the application form and sign the declaration in Section 7. Incomplete applications will not be considered. Please write/print clearly in blue/ black ink. All applications must be countersigned by the professional referee in Section 8.

On the application form you need to provide details about how and when you plan to spend the money. If successful, you will be required to tell us how you spent the grant and provide a copy of the receipts, after the grant has been spent as part of our auditing.

**Section 1 – Your Details**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address: | |
| Postcode: | |
| Telephone: | E-Mail: |
| Your Age: | |
| Where did you hear about this grant? | |

**Which of the following best describes you? *(Please tick)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employment: | Full time 🞏 | Part-time 🞏 | Casual 🞏 | Unemployed 🞏 |
|  | Student 🞏 | Retired 🞏 | Full-time carer 🞏 | |

**Section 2 – Payment Details**

If you are awarded a grant, it **must** be paid in to a **bank account**. If you do not have a bank account you must provide the details of a friend/relative who will receive payment for you through their bank account. **Please indicate how you would like to receive the grant:**

I would like to be paid by bank transfer and have attached a recent bank statement 🞏

I would like to be paid by cheque and have provided payment details in the box below 🞏

|  |  |  |  |
| --- | --- | --- | --- |
| **This cheque should be made payable to: -**  First Name: Last Name:  Name of bank/ building society: | | | |
| This is the name on **my** bank account | Yes / No | This is the name on my **friend/ relative’s** bank account | Yes / No |

**Section 3 – About the person you care for**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Address (if different from carer): | |
| If the person you care for does not live with you, please tell us a little about their living arrangements? | |
| Their age: | |
| Your relationship with this person (is this person your brother, aunt, mother etc.): | |
| Main illness or disability of the person you care for: | |

|  |
| --- |
| If you care for more than one person, please tell us a little about this: |

**Section 4 – About the care you provide**

|  |  |
| --- | --- |
| How long have you been a carer for this person? |  |

**The care/support I provide includes: *(Please tick all that apply)***

|  |  |
| --- | --- |
| Physical Care (e.g. helping to wash, dress, lifting and moving) |  |
| Practical Support (e.g. cooking, cleaning, laundry, giving medication) |  |
| Managing behaviours that challenge |  |
| Generally keeping an eye on the person (e.g. keeping company, ensuring safety) |  |
| Financial Management |  |
| Emotional Support (e.g. sympathy, understanding, “just being there”) |  |
| Liaison with Services (e.g. making appointments, interpreting) |  |
| Support with socialising / activities |  |
| Providing Transport |  |

|  |
| --- |
| Please use this space to tell us anything further about the kind of support and care you provide? |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you as a carer receive Carer’s Allowance? | Yes | | No |
| Have you had a Local Authority Carer’s Assessment  (If not, contact Carers Matter Norfolk on 0800 083 1148 for advice and help) | Yes | No | Don’t know |

**Do you, or your cared-for receive help or services from anyone else?** **E.g.** **do you have care or support arranged or funded by the NHS / Social Services**

|  |
| --- |
| If Yes – please use this space to give brief details. |

**Section 5 – Your Household**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. of adults |  |  | No. of children (18yrs and under) |  |

**Do you, your cared-for or members of your household receive any of the following benefits? (Please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| Employment & Support Allowance (ESA) |  | Job Seekers’ Allowance (JSA) |  |
| Personal Independence Payment (PIP) |  | Working Tax Credit |  |
| Attendance Allowance |  | Child Benefit |  |
| Disability Living Allowance (DLA) |  | Pension Credit (Guarantee) |  |
| Income Support |  | Universal Credit |  |
| Housing Benefit |  | Other |  |

Please confirm your total household income. You can give the financial details on a weekly or monthly basis but please tick below to say which they are. This should include your income and that of any other adults living in and contributing to the household.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weekly |  |  | Monthly |  |

|  |  |  |
| --- | --- | --- |
|  | You | Other members of the household |
| Income from work and/ or pension | £ | £ |
| Income from benefits | £ | £ |

|  |  |  |
| --- | --- | --- |
| Have you or anyone in your household received a grant from the Millennium Trust for Carers before? | Yes | No |
| Have you applied for or been awarded any other grants to support you in your caring role in the last 12 months? If yes please provide details below: | Yes | No |
|  | | |

**Section 6 – How you would use a grant (tick and give details below)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day Trip or Short Break |  | Hobby / new skill / interest | |  |
| Household item such as washing machine, fridge/ freezer or cooker |  | Educational Course | |  |
| Computer / tablet |  | Membership/Tickets | |  |
| Pamper, hairdressing or other treats |  | Power pack | |  |
| Other |  |
| Please give details, including where you have sourced approximate costs or estimates:   * *Please note Power Packs are provided with our existing supplier and are provisionally awarded subject to a professional assessment to determine the suitability of the equipment* | | | | |
| Please tell us how this will help you as a carer and why you need this grant: | | | | | |
| How much are you applying for? (maximum £250) | | | £ | | |
| Would the grant cover the full cost of the request? If not, how would the remainder be funded? | | | | | |

**Section 7 – Applicant Declaration**

Please read this section carefully. We are unable to accept an application if this section has not been completed. It will give details of how we will use the information you have provided in this form, and how we will store it.

Norfolk Community Foundation will record and retain the information on this application form on our database. It will be only be used to help review and assess your application in association with the fundholder and/ or their appointed representatives, to administer and monitor any grant awarded, or for other grant-related activity undertaken by Norfolk Community Foundation. For further information on how Norfolk Community Foundation uses and protects the information you give us, please read our Privacy Policy online at: [www.norfolkfoundation.com/privacy-policy/](http://www.norfolkfoundation.com/privacy-policy/).

* I confirm that I have read and understood the Application Information.
* I confirm that the information given by me in this application form is correct.
* I agree that I will spend the grant in the way I have described and will send in feedback and copies of receipts as required.
* I agree that if any information changes prior to an award being made I will notify Norfolk Community Foundation at the earliest opportunity.
* I give permission for Norfolk Community Foundation to record the information provided in this form electronically and to contact me by telephone, e-mail or post in order to process this application.
* I give permission for Norfolk Community Foundation to contact my referee.
* I understand that this application form will be shared with the fund holder and/or their appointed representatives who will form the decision-making panel.
* I understand that decisions of the decision-making panel are final.

|  |  |
| --- | --- |
| Signed: | Date: |

**This must be completed by a parent or guardian on behalf of a carer applying for a grant who is under the age of 16.**

* I give my consent to his/ her application.
* I agree with the statements set out in the applicant’s declaration.

|  |  |
| --- | --- |
| Parent/ Guardian – First Name: | Last Name: |
| Parent / Guardian Signature: | Telephone: |

**Section 8 – Referee**

This section is to be completed and signed by a professional who can provide a supporting statement to confirm your situation and the item you need (e.g. carer support worker, social worker, GP or nurse, teacher, minister of religion, or an advisor from another relevant agency). **Please note: we do not accept referees who are relatives/ members of your family, friends or neighbours.**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Organisation/Job title: | |
| Address: | |
| Telephone: | Email: |

|  |  |
| --- | --- |
| How do you know the carer? |  |
| How long have you known the carer? |  |
| Please add a short statement of support for the application in the space below | |

**Referee Declaration:**

* I know this applicant and his/ her caring role.
* I have read the completed application form and to the best of my knowledge it is a true reflection of the caring situation and need of the applicant.
* I am happy to be contacted about this application if required.

Please note, if the applicant is under 16 years old, you may be contacted to support the awardee take up the grant offer and return any monitoring as part of the grant conditions.

|  |  |
| --- | --- |
| Signed: | Date: |

**Submitting your application**

**Completed application Forms**

Sent by post to:

Norfolk Community Foundation

St. James Mill

Whitefriars

Norwich

NR3 1TN

Emailed to:

[grants@norfolkfoundation.com](mailto:grants@norfolkfoundation.com)

**Norfolk Millennium Trust for Carers is managed and administered by Norfolk Community Foundation, Registered Charity No. 1110817**

**What will happen next?**

Your application will be reviewed and checked to make sure it meets the eligibility criteria. We will assess your application in line with the fund criteria and present to an independent panel for a decision. Once a decision has been made we will write to you. If approved, you will receive a grant offer letter with the grant payment and information about any monitoring to be returned. If it is rejected you will receive a rejection letter explaining the reasons