



**Older People Engaging Needs**

# **Older People Engaging Needs**

## **Application for Funding 2019/2020**

<b>Quick Reference Details</b> (For Office Use Only)	
<b>Name of Applicant / Group</b>	
<b>Reference Number</b>	
<b>Date Application Received</b>	
<b>Funding Requested</b>	£
<b>Funding Awarded</b>	£
<b>Date Cheque Sent</b>	
<b>Monitoring Officer</b>	

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# Guidance Notes for Applicants

## Introduction

A budget has been created to support the engagement of groups of older people in their communities and promote good health. Applicant groups need not be registered charities, but the purpose of the application must meet with the criteria of OPEN and be to the benefit of people who are over 55 and residing in Dundee. Applicants may apply for funding twice in any financial year, by **15 February 2019** and **23 August 2019**.

## Criteria for applications

- **Participation**

Applications are welcome from groups of older people (55+) living within the Dundee City Council area that have ideas for improving their health. Whilst groups may be assisted to apply, it is essential that older people participate in the application process.

- **Health/ Well Being**

Applications from groups of older people for activities that maintain physical, emotional and mental well-being are welcomed.

- **Social Inclusion/ Peer Support**

Applications which promote social inclusion in relation to health that bring people together and address the issues that they themselves have identified are welcomed.

## Grant Contribution

The maximum for each application is 2 activities of your choice that promote good health and wellbeing, of which you can apply for a **contribution** towards the costs of running these activities. You can apply for up to £20 per hour per activity for tuition fees for a maximum of 24 weeks for each activity applied for. We will fund up to a maximum of, subject to available funds:

- **One activity – a maximum of £480**
- **Two activities – a maximum contribution of £600**

If applying for 2 activities or more than 1 session each week, groups will be asked to contribute towards the cost of running these. Start-up costs of equipment will only be provided to new groups who have not previously received funding. Activities that will **not** be funded are food, transport, hire of room or purchase of computers/ electronic equipment however various activity equipment owned by OPEN can be borrowed from Dundee Voluntary Action, 01382 305745.

Funding is only granted for activities that end prior to 31 March in any financial year and any money unspent at the end of the financial year will require to be returned. Funding will not be issued retrospectively for activities that have already commenced.

**If you require any help completing this form, please contact Nicola Mitchell from Dundee Voluntary Action on 01382 305745.** If you have any queries regarding OPEN, please contact us at: [open@dundeecity.gov.uk](mailto:open@dundeecity.gov.uk)

## You will need

All applicant groups must have a bank or building society account:

- in the name of the applicant group, and
- that requires at least two signatures on each cheque or withdrawal.

When completing this application form, please ensure that the payee information is correct. This is the name of the account the payments will be made to. **Please note if the application is completed incorrectly, this can hold up your application for funding.**

**Please note it can take up to 8 weeks for the process between the approval of your funding at the OPEN meeting and the issuing of any agreed amounts and payments being issued.**

## Evaluation

Successful applicants will be expected to complete a short evaluation explaining the benefits of the activity and how the money was spent. Monitoring evaluations may be carried out by committee members during the course of the funding.

# Older People Engaging Needs

Name of Group	
Address	
Postcode	

Name of main contact in the group (the person who we should write to)	
Title	
First Name	
Surname	
Relationship to group	
☎ Daytime	
☎ Evening	
Email	

How many people over 55 years of age will benefit from this activity?	Men	Women	Total
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Grant Contribution
Please note you will be awarded <b>up to a maximum of £480 for one activity and up to a maximum contribution of £600 for two activities</b> , dependent on available funds.

Please provide the following information. Please only apply for the sessions that you are seeking funding for.					
Detail each activity:	No of weeks	No of sessions per week	Total hours per week	Hourly rate	Total cost
<b>For example: Pilates</b>	<b>24</b>	<b>1</b>	<b>1</b>	<b>£20</b>	<b>£480</b>
Activity 1 -				£	£
Activity 2 -				£	£
<b>Total cost of activities</b>					£
<b>Equipment / Resource</b> (Please detail itemised list and costings)					
<b>Total cost of equipment/ resource</b>					£
<b>TOTAL COST OF APPLICATION</b>					£

<b>Do you contribute towards these activities?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If so, please give details.</b>	

<b>Please give details of any other funding you have applied for, for this activity?</b>	
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<b>Please give details of how much other funds you have access to?</b>	
Please provide a copy of your latest bank statement. Should your group fail to produce a bank statement then funding will not be received.	

<b>Name of Tutor/s that your group propose to use:</b>	
<u><b>NAME</b></u>  <u><b>ACTIVITY:</b></u>  <u><b>CONTACT DETAILS</b></u>  <b>Address</b>  <b>Postcode</b>  <b>Tel: (day)</b>  <b>Tel: (evening)</b>  <b>Email</b>  <u><b>COST PER HOUR:</b></u>  <b>£</b>	<u><b>NAME:</b></u>  <u><b>ACTIVITY:</b></u>  <u><b>CONTACT DETAILS:</b></u>  <b>Address</b>  <b>Postcode</b>  <b>Tel: (day)</b>  <b>Tel: (evening)</b>  <b>Email</b>  <u><b>COST PER HOUR:</b></u>  <b>£</b>

<b>Have you applied to us before?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please provide details)
<b>Activity previously awarded</b>	
<b>Date of application</b>	
<b>Outcome &amp; Amount Awarded</b>	



**How does your application meet each of the following criteria relating to health:**

- Participation
- Well Being/ Health
- Social Inclusion/ Peer Support

**How does the activity promote participation?**

**How does the activity promote health and well-being?**

**How does the activity promote social inclusion and peer support?**

**In what way have older people been involved in this application?**

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**What part of Dundee does your group cover?**

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**PLEASE ENSURE DETAILS ARE CORRECT. THIS IS THE NAME OF THE ACCOUNT THE PAYMENT WILL BE MADE PAYABLE TO**

<b>Account Name</b>	
<b>Name of Bank / Building Society and Branch Name</b>	
<b>Account Number</b>	
<b>Sort Code</b>	

<b>Signature of Applicant</b>	
<b>Print Name</b>	
<b>Position in Organisation</b>	
<b>Date</b>	



**Please note that by applying to the OPEN Fund, applicants undertake to accept the following terms and conditions:**

1. Applicants declare that all information provided by them is true and accurate at time of completion of this form.
2. Applicants will be expected to complete an evaluation form and provide receipts.
3. Each application will be judged on its individual merits and in accordance with OPENs remit. Older People Engaging Needs shall have sole discretion as to whether an application is successful or not. OPEN will also have sole discretion on the degree of any award for a successful application.
4. OPEN's decision is final and is not open to appeal. OPEN retains the right to refuse an application for any lawful reason.
5. Failure to disclose all material information or any change in the information advised (i.e. information likely to influence the assessment of the award) could invalidate applicants' claim for an award. If applicants are in doubt whether any information is material it should be disclosed.
6. The information applicants provide will not be disclosed to other parties other than to professional advisors and responsible officer and those supporting OPEN who require such disclosure where *bona fide* necessary for the proper performance of their duties.
7. If applicants give us false or inaccurate information and we suspect fraud, we will record this and take whatever appropriate steps are necessary.

**Check List** - Have you included the following?

**Signature**                       **Bank Details**                       **Contact Details**   
**Bank Statement**

**NB.** The detail regarding the bank or building society refers to the applicant group or organisation, however, the information asked for in the remainder of the application refers to the activity or group who will benefit from the funding.

**Please return this completed form to:**

Mike Andrews  
Health and Social Care Partnership  
Jack Martin Way  
Claverhouse  
Dundee  
DD4 9FF

or

E-mail: [OPEN@dundecity.gov.uk](mailto:OPEN@dundecity.gov.uk)



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