



# Grant Application Form and Guidelines 2017

The Elifar Foundation Limited is a Private Limited Company  
Company No. 8532341

Registered Charity Number 1152416 ELIFAR FOUNDATION LIMITED.

*Form updated 14.09.17*

# The Elifar Foundation Ltd

## Grant Application Form and Guidelines for Completion

(The Elifar Foundation Ltd will be referred to as EFL throughout this application form)

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## 1. Who can apply

1.1 We will consider applications by, or on behalf of, individual children or young adults with any form of physical or learning disability.

**Please note** that due to the increasing pressure on funds and an unprecedented level of applications, The Elifar Foundation is not currently able to accept applications for grants to support older adults but will continue to focus on and prioritise support for children and young adults aged 28 and under.

1.2 We can only accept applications for consideration from UK – based individuals.

1.3 We regret that we cannot help with funding for groups, schools, organisations or other charities.

### Applications we can help with: Examples of some of the items we fund:

- Manual and powered wheelchairs
- Other mobility aids
- Specialised seating and car seats
- Specialised beds and sleep systems
- Specialised trikes
- Specialised holidays
- Sensory toys and equipment, room padding
- Communication aids, specialised software
- Hoists

### Applications we cannot help with:

- Items or work for which there is Statutory Funding
- Building or garden works
- Ordinary computers/ laptops/ iPads
- Ordinary domestic items (e.g. furniture, flooring, white goods, clothing)
- Ordinary or family holidays
- Therapies
- Mobility scooters
- Goods already purchased, for deposits paid, or goods already on order
- Where it is deemed that the beneficiary or the beneficiary's family are capable of providing the equipment from their own resources.

## 2. Information to help you with your application

2.1 All requests must be submitted on our application form – Appendix 1.

2.2 Applications can be submitted by the person in need, or a parent or care professional.

2.3 If a care professional applies (i.e. is the proposer), the anticipated benefit section or equivalent supporting letter must be completed by a different care professional.

2.4 We may require you to provide financial evidence to support your application, e.g. copies of pay slips , P60's , bank statements or benefit confirmation letters.

2.5 We do not pay suppliers direct or make cash payments. The successful applicant will need to order the goods and services from the supplier directly and supply us with a copy of the invoice made out to the applicant. Once we have received confirmation that the goods are ready we will make arrangements for the applicant to receive the grant to settle with the supplier directly. Where payment is required up front the successful applicant must order and settle with the supplier directly and we will arrange for the applicant to be reimbursed as soon as we receive confirmation from the supplier that payment had been received. If goods are bought via the internet the applicant must order directly and we will reimburse on receipt of a copy of the order confirming payment has been received . All orders and invoices must be in the applicant's name. No orders should be placed until confirmation is received by the applicant in writing from EFL that funding in part or full has been authorized.

2.6 If a grant is awarded it is the responsibility of the applicant to ensure that the supplier is paid .

2.7 After the grant is paid to the applicant, the charity will not be held liable for any non-payment of the supplier(s) or be party to a contractual relationship with the supplier.

2.8 We will ask you for the contact details of a professional supporter, e.g. Doctor, Occupational Therapist or Physiotherapist etc. who may be contacted during the processing of your application. The suitability of specific items requested must be confirmed by the beneficiary's doctor or suitably qualified professional.

2.9 To ensure applicant confidentiality and satisfy data protection requirements, we can only discuss applications with callers after completing identity checks.

3.0 Grants from the Elifar Foundation Ltd are discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis. The trustees decision is final.

### 3. What happens to your application form

3.1 If your application is in an unacceptable form or is ineligible, we will contact you.

3.2 For eligible applications, we may contact you for further information and/or make a personal visit to the beneficiary's main residence.

3.3 We will send you an acknowledgement email on receipt of your application.

## 4. Filling in the application form

4.1 The application form can be found at Appendix 1, the last section in this document, and it can be easily detached for applying by post. We advise you to keep a copy of your form for your own records.

4.2 We welcome applications for funding for a wide range of specialist equipment but before making an application please read the list on page 3 carefully which details the types of equipment we can fund and the equipment and services for which funding is not available. Please take care to follow the application instructions carefully, complete all sections of the form and include all the necessary pieces of supporting information.

**Please also note** that every application for funding must include a letter of support from a healthcare professional. This can be a Doctor, Occupational Therapist or Physiotherapist. The letter should clarify and explain any relevant diagnosis and must also directly support the need for the specific items for which funding is requested, confirming how it will benefit the applicant.

As well as a letter of support from a health professional, all applications should include copies of quotes for equipment, DLA confirmation letters if applicable or other letters confirming benefits, and evidence to support other funding if the grant applied for is for partial funding.

There is a checklist on page 17 so please complete this at the end and use it to make sure you have included everything required to avoid delays with the application.

Please ANSWER ALL THE QUESTIONS and please type your answers or write in legible writing using a blue or black ballpoint pen.

4.3 Please ensure that you only send in photocopies of any supporting documentation. We cannot guarantee the return of any original documents sent in to support your application.

4.4 Once you have completed and signed the application form, please return on line or post it to us at the address provided at the end of the form. If you are submitting on line please ensure that our terms and conditions on p16 are printed off and hand signed and scanned back separately.

## 5. Grant Terms and Conditions

Grants from EFL are discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis. The trustees decision is final.

If you are successful in being offered a grant by EFL it will be on the understanding that you have agreed to the following general terms and conditions and that you have read and agreed to Section 2 – “Information to help with your application” :

5.1 You may be asked to provide evidence of other sources of funding that are in place and copies of documents such as payslips, P60's, bank statements, benefit confirmation letters etc in support of your application, before we award your grant.

5.2 After the grant is paid to the beneficiary or beneficiary's applicant, the charity will not be held liable for any non-payment of the supplier(s).

5.3 EFL may wish to visit to see the equipment funded by the grant.

5.4 It is the responsibility of the beneficiary or beneficiary's applicant to ensure that the equipment for which a grant is being requested, is fit for purpose.

5.5 Any part of the grant that is not required for the purpose it was approved will be refunded to EFL.

5.6 EFL reserves the right to withhold the grant or to ask for repayment of the grant if it finds that any form of deliberately false or misleading information was provided to EFL at any time during the application process.

5.7 EFL reserves the right to withhold a grant or require repayment of a grant if the beneficiary or beneficiary's applicant becomes insolvent or goes into administration, receivership or liquidation, and if the grant has not already been spent on the intended purpose.

5.8 Any asset (e.g. equipment) purchased with the aid of a grant should be retained and used for the agreed purpose. If used for another purpose, this must be reported to the EFL who reserve the right to require repayment of the value of the asset in order to transfer it to another beneficiary.

5.9 Our support will be acknowledged in all publications concerning the equipment as well as in presentations (oral or written) and interviews.

5.10 You agree that we may publicise the grant and use any of your own material submitted to us in doing so. You will be asked to agree to this on the application form.

## 6. Need Further Assistance?

Email us at [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk)

Please send your completed and signed application form, along with any photocopies of supporting documentation **preferably by email** to :-

[info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk) \*

\* If you are submitting on line please ensure that our terms and conditions on p16 are printed off and hand signed and scanned back separately

Or by post to :-

Elifar Foundation Limited  
C/O Shirley McGuire  
21 Panmuir Road, London  
SW20 0PZ

**NB - Please ensure that the correct postage is paid on any correspondence as underpaid items will not reach us.**

**We only require photocopies of any supporting documentation so therefore it is not necessary to send by recorded delivery as collection from the post office can cause delays.**

**We will confirm safe receipt of your application by email or post within 7 days.**



## Appendix 1 – Grant Application Form

### For office use only

|            |  |          |  |      |  |
|------------|--|----------|--|------|--|
| Ref.Number |  | Category |  | Date |  |
|------------|--|----------|--|------|--|

### Part 1 - Beneficiary Details

|   |                          |                          |                          |                                 |   |
|---|--------------------------|--------------------------|--------------------------|---------------------------------|---|
| <b>Title</b>  |                          |                          |                          |                                 |   |
| Surname   |                          |                          |                          |                                 |   |
| Forenames   |                          |                          |                          |                                 |   |
| Address   |                          |                          |                          |                                 |   |
| Postcode  |                          |                          |                          |                                 |   |
| Tel.No.   |                          |                          | Mobile No.               |                                 |   |
| Email address   |                          |                          |                          |                                 |   |
| NHS Number  |                          |                          |                          |                                 |   |
| Date of Birth   |                          | Age                      |                          | Female <input type="checkbox"/> | Male <input type="checkbox"/> (please tick) |
| Marital Status  |                          |                          |                          |                                 |   |
| Does the beneficiary reside with the family           | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/>        |   |
| If No, or part time, please give details and address: |                          |                          |                          |                                 |   |
|   |                          |                          |                          |                                 |   |
| Contact Name  |                          |                          | Tel No.                  |                                 |   |
| <b>Please tell us who lives at home</b>               |                          |                          |                          |                                 |   |
| <b>Mother (Please tick)</b>                           | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/>        |   |
| Full Name   | Age                      |                          | Occupation               |                                 |   |
|   |                          |                          |                          |                                 |   |
| <b>Father (Please tick)</b>                           | Yes                      | <input type="checkbox"/> | No                       | <input type="checkbox"/>        |   |
| Full Name   | Age                      |                          | Occupation               |                                 |   |
|   |                          |                          |                          |                                 |   |
| Siblings  | Name                     |                          | Age                      |                                 |   |
|   |                          |                          |                          |                                 |   |
| Please state family residential status                |                          |                          |                          |                                 |   |
| Owner   | <input type="checkbox"/> | Tenant                   | <input type="checkbox"/> | Other. (please specify)         |   |

**Part 2 – Beneficiary’s Applicant – if the beneficiary is unable to apply themselves please provide details of the person applying on their behalf**

|   |  |            |  |
|---|--|------------|--|
| Title   |  |            |  |
| Surname   |  |            |  |
| Forenames   |  |            |  |
| Address   |  |            |  |
| Postcode  |  |            |  |
| Tel.No.   |  | Mobile No. |  |
| Email address   |  |            |  |
| Job Title   |  |            |  |
| Relationship to Beneficiary.<br>(Parent, Doctor, Occupational Therapist, Physiotherapist, Social Worker etc, including qualifications.) |  |            |  |

**If the ‘Applicant’ is not the family Doctor, please give us the details of the beneficiary’s Doctor:**

|               |  |            |  |
|---------------|--|------------|--|
| Name of GP    |  |            |  |
| Address       |  |            |  |
| Postcode      |  |            |  |
| Tel.No.       |  | Mobile No. |  |
| Email address |  |            |  |

**Part 3 - Brief Description of the Beneficiary**

If the grant is required because of a medical condition / disability please give brief details and attach a doctor's / healthcare professional's diagnosis letter, and diagnosis date. Please include a supporting letter from a doctor or healthcare professional specifically supporting the need for the equipment requested. (Please continue on a separate A4 sheet if necessary)

**Part 4 - How much money are you requesting and what is the grant to be used for?**

Please enclose copies of quotes for equipment as follows: two quotes are required for applications over £2001 and one quote for applications under £2000. The quote must give a description of the equipment, manufacturer and model, to include cost, applicable VAT and cost of delivery. Please enclose a printed brochure and illustration if possible. (Please continue on a separate A4 sheet if necessary)

**Grant Amount Requested (£)**

**Part 5 - This section to be completed by the beneficiary if possible,  
alternatively to be completed by the beneficiary's applicant**

(Please continue on a separate A4 sheet if necessary)

**Please tell us more about how your disability affects your daily life without the correct equipment.  
(How does this affect the way you get around at school, at home, and at work?)**

**What difference would the new equipment make to your (or the beneficiary's) life and your  
family's life? (What would you be able to do, that you cannot do now?)**

**Part 6 - Household income and Savings** (to include any earned income, plus any pensions, for all members of the household )  
(Please tick the appropriate box.)

| Total Annual income £              |                          | Total Savings £                     |                          |
|------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Under £10,000                      | <input type="checkbox"/> | Under £1000 (if none, please state) | <input type="text"/>     |
| £10,001 to £15,000                 | <input type="checkbox"/> | £1001 to £10,000                    | <input type="checkbox"/> |
| £15,001 to £25,000                 | <input type="checkbox"/> | £10001 to £20,000                   | <input type="checkbox"/> |
| £25,001 to £35,000                 | <input type="checkbox"/> | £20,001 to £30,000                  | <input type="checkbox"/> |
| £35,001 to £55,000                 | <input type="checkbox"/> | Over £30,000                        | <input type="checkbox"/> |
| Over £55,000 (show income total £) | £                        |                                     |                          |

**Does any of your/your family's income come from State benefits, e.g. income support, housing benefit, carer's allowance?**

If yes, please state type of benefit and the annual amount and include written confirmation of benefits received.  
(Please continue on a separate sheet if necessary)

**Part 7 - Does the beneficiary receive Disability Living Allowance (DLA)?**

If yes, please tick the rate of DLA awarded and include written confirmation of allowances received. .

| Care Component                            | Mobility Component                          | Beneficiary is not getting DLA                |
|---|---|---|
| High rate care <input type="checkbox"/>   | High rate mobility <input type="checkbox"/> | Have not applied <input type="checkbox"/>     |
| Middle rate care <input type="checkbox"/> | Low rate mobility <input type="checkbox"/>  | Waiting for decision <input type="checkbox"/> |
| Low rate care <input type="checkbox"/>    |   | Have been refused <input type="checkbox"/>    |

## Part 8 – Other funding

(Please tick the appropriate box).

**Have you applied to any other charities for assistance for this item? If yes, to which charity and for how much? If partial funding has been secured please include written confirmation of this funding. (Please continue on a separate sheet if you have applied to more than 4 charities.)**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Charity 1 Name   |                              |                             |
| Charity 1 amount   | £                            |                             |
| Charity 2 Name   |                              |                             |
| Charity 2 amount   | £                            |                             |
| Charity 3 Name   |                              |                             |
| Charity 3 amount   | £                            |                             |
| Charity 4 Name   |                              |                             |
| Charity 4 amount   | £                            |                             |
| <b>Is there any statutory financial assistance for this item?</b>  | <b>Yes</b>                   | <b>No</b>                   |
| If yes, how much?  | £ <input type="checkbox"/>   | <input type="checkbox"/>    |
| What contribution can you make towards the cost of this item?  | £                            |                             |
| Has there been any fundraising for this item? If yes, how much money has been raised?                                  | £                            |                             |
| Have you received help from the Elifar Foundation before?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please provide details. (e.g. date, amount, item funded etc.) (Please continue on separate sheet if necessary) |                              |                             |

**Part 9 – You and the Elifar Foundation Ltd – how you can help us  
Please tick whichever boxes you feel comfortable with.**

If the application is successful we will request a photograph of the beneficiary and equipment. This can really help us with fundraising to get much needed equipment for others. How we use the photo is up to you, please choose from the options below:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>I agree to provide a photograph after a grant is made</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>No Access.</b> The photo and details are only to be used for internal purposes, not to be used to aid fundraising  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Limited Access.</b> The photo can only be used anonymously – no real names or areas will be used, the photo will only be used with an outline of the need and a pseudonym will be created on website and in printed publications | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Optimum Access.</b> The photo along with the name, age and outline of need may be used on website and in printed publications  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Part 10 – Data Protection**

- The confidentiality of your personal information is of paramount concern to EFL. EFL abides by the Data Protection Act 1998 in the collection, processing, holding and transmitting of your personal information.
- Our Data Protection Notice can be found on our website ([www.elifarfoundation.org.uk](http://www.elifarfoundation.org.uk)).
- EFL will use the information you have provided in this application form to process your application and monitor quality.
- The only exception to this is: if you have given us permission to use some of your information as indicated in part 9 of this application form, for fundraising purposes on the website and in printed publications.

**Part 11 – Other Policies**

Please also see our other policies below on the website:

- Equal Opportunities Policy
- Complaints Policy
- ICT Acceptable Usage Policy

## Part 12 – Signature of beneficiary or beneficiary’s applicant

We intend to rely on the information contained within this application so for your own benefit and protection, please check carefully before signing and submitting the application. If you do not understand any points please ask us for further information.

**By signing this application below the beneficiary and if applicable the beneficiary’s applicant:**

- Confirms that the beneficiary is normally resident in the UK
- Confirms that the information provided in this application is complete and accurate, and that there is no other information relevant to this application which has not been disclosed.
- Acknowledges that where any equipment or services are requested, the Elifar Foundation Ltd itself can accept no liability for the quality or fitness for purpose of equipment or services delivered to the applicant , and any liability arising in respect of such equipment or services shall be a liability of the manufacturer or supplier providing or delivering the equipment or services in question.
- Acknowledges and accepts The Terms and Conditions of the Elifar Foundation Ltd as set out in Section 5 of the Guidelines and the Data Protection Notice.
- Acknowledges that the Elifar Foundation Ltd may request any information from the people named in this application.
- The beneficiary’s applicant acknowledges that they are authorised by the beneficiary to give consent to the processing of the personal data supplied in this application form.

|   |       |      |  |
|---|-------|------|--|
| <b>Signed:-</b>   | ..... |      |  |
| Print Name and state whether beneficiary or beneficiary’s applicant |       | Date |  |

When you have completed and signed this form please return it along with photocopies of supporting material **preferably via email/online** to [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk) \*  
 \*If you are submitting on line please ensure that this page is printed off and hand signed and scanned back separately **or by post to:**

**The Elifar Foundation Ltd,**  
 C/O Shirley McGuire  
 21 Panmuir Road  
 London SW20 0PZ

**NB - Please ensure that the correct postage is paid on any correspondence as underpaid items will not reach us. We only require photocopies of any supporting documentation so therefore it is not necessary to send by recorded delivery as collection from the post office can cause delays. We will confirm safe receipt of your application by email or post within 7 days.**



## Appendix 2 – Supporting documentation checklist

| Supporting Documents (copies only please)  |  |
|--|--|
| <p><b>Letter of support from care professional</b> – To include: relationship to beneficiary, such as a Doctor, Occupational Therapist, Physiotherapist, including qualifications, date of diagnosis and any other relevant information. The suitability of specific items requested must be confirmed by the beneficiary’s doctor or suitably qualified professional.</p> |  |
| <p><b>Copies of quotes for equipment</b> – The quote must give a description of the equipment, manufacturer and model, to include cost, applicable VAT and cost of delivery and be made out in the name of the beneficiary or beneficiary's applicant. 2 Quotes are required for applications over £2001</p>   |  |
| <p><b>DLA confirmation letter(s)</b> - if applicable</p>   |  |
| <p><b>Letter(s) confirming benefits</b> - if any, or copies of current letters or other supporting evidence.</p>   |  |
| <p><b>Evidence to support other funding for this item</b> – if grant is for partial funding .</p>  |  |
| <p><b>Hand signed Terms and Conditions</b> –If you are submitting on line please ensure that our terms and conditions on p16 are printed off and hand signed and scanned back separately.</p>  |  |
|  |  |
|  |  |
|  |  |
| <p>Elifar Foundation Limited is a Private Company Limited by Guarantee<br/>Company No. 8532341. Registered Charity Number 1152416<br/>Registered address: 6 Cambridge Road, Teddington, TW11 8DR</p>   |  |
|  |  |
|  |  |