



# **Grant Application Form and Guidelines 2021**

# The Elifar Foundation Ltd

## Grant Application Form and Guidelines for Completion

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## 1. Who can apply

1.1 We will consider applications by, or on behalf of, individual children or young adults (28 years and under) with any form of physical or learning disability

1.2 We can only accept applications from UK based individuals

1.3 We are unable to help with funding for groups, schools, organisations or other charities

1.4 We will consider applications for partial funding of an item of equipment

## 2. Types of funding available

- We are ABLE to consider funding for items listed below:
  - Manual and powered wheelchairs
  - Other mobility aids
  - Specialised/tough seating, beds and car seats
  - Specialised trikes
  - Sensory toys and equipment, room padding
  - Specialised communication aids and software
  - Hoists

If there are items of specialist equipment that are not listed above which you would like us to consider funding, please contact us at [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk)

- We are UNABLE to assist with the following:
  - Items or works for which Statutory Funding is available
  - Building or garden works
  - Ordinary computers/laptops/ipads
  - Ordinary domestic items (eg furniture, flooring, white goods)
  - Clothing
  - Ordinary or specialized holidays
  - Therapies
  - Mobility scooter

We are unable to fund equipment which has already been ordered/purchased or refund any deposits already paid

We are unable to offer financial assistance where it is deemed that the beneficiary or the beneficiary's family are capable of funding the equipment from their own resources

## 3. Information to help you with your application

### 3.1 Applications must be submitted on our Grant Application Form – Appendix 1

- The form can be completed electronically or printed and completed by hand (please use BLACK ink)
- All sections of the Application Form should be completed
- The form can be completed and submitted by the person in need, a parent/carer or a healthcare professional. In the event of completion by a care professional please ensure the letter of medical support (see 3.2) is written by a different healthcare professional
- We will confirm receipt of your application and supporting documentation via email

### 3.2 Medical support

- We will ask you to provide contact details of a healthcare professional – Doctor, Occupational Therapist, Physiotherapist or Social Worker – who we may contact during the processing of your application
- Applications are required to include a letter from a healthcare professional explaining the relevant medical diagnosis. The letter must be dated within the 6 months prior to the application date and be signed by hand or electronically
- Applications are required to include a letter of support from a healthcare professional which should clearly explain and directly support the need for the specific item of equipment for which funding is requested explaining how it will benefit the beneficiary. The letter of support must be dated within the 6 months prior to the application date and must be signed by hand or electronically

NOTE : it is acceptable for one letter to cover both the medical diagnosis and provide support for the equipment requested

### 3.3 Financial evidence

- We will ask you to provide financial evidence to support your application including bank statements, P60s or benefit confirmation notices

### 3.4 Funding from other Charities

- Where you have secured partial funding from another charity or through your own fund-raising we will require evidence of the amounts pledged or raised

### 3.5 Quotes for equipment

- We require ONE quote for items of equipment costing £2,000 or less and TWO quotes, from different suppliers, for items of equipment costing over £2,000 including VAT where applicable, delivery and any other charges
- Supplier quotes should be in the name of the beneficiary/carer and should include a description of the equipment, supplier details and itemised costings

### 3.6 Signing the application form

- Please ensure the application form is signed and dated. The form should be signed by the beneficiary, a parent/carer or healthcare professional on behalf of the beneficiary

### 3.7 Check list

- Please review the check list at the end of the application form – Appendix 2. We cannot accept incomplete or unsigned forms or applications where the supporting documentation is missing

### 3.8 Submitting the application form and supporting documents

- Completed application forms can be submitted by email (preferred method) – as pdf attachments or scanned documents - or by post. If sending by post please retain a copy of your completed application form for your records
- Where submitting by email please print the signature page (Part 12), sign and scan the page before sending via email attachment
- Where submitting by post please DO NOT use recorded delivery as collection from the post office causes delays. Ensure the correct postage is paid as we cannot accept underpaid items
- Please send photocopies of all supporting documentation as we cannot guarantee the return of original documents
- Email address: [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk)
- Postal address:  
The Elifar Foundation Ltd  
c/o Shirley McGuire  
21 Panmuir Road  
London  
SW20 0PZ

## 4. Awarding a grant

EFL will consider all fully completed applications

4.1 In the event of a grant being awarded we will write to you to confirm the award. Equipment should not be ordered until you have received this award letter

4.2 EFL may make a pledge to provide partial funding towards the full cost of an item of equipment. We will write to you to confirm the amount of this pledge and advise the expiry date of our offer. This is to give you time to secure funding from other sources for the balance of the cost

4.3. Where EFL declines an application we will send an email advising you of our decision

If you have any questions regarding your application please contact Shirley McGuire at [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk)

To ensure applicant confidentiality and compliance with Data Protection requirements we can only discuss applications with callers after completing identity checks

## 5. Terms and Conditions

5.1 Grants awarded by EFL are discretionary and subject to available funding. There is no entitlement to a grant and all cases are assessed on an individual basis. The Trustee's decision is final

5.2 Grants will only be awarded to applicants/beneficiaries normally resident in the UK

5.3 In the event of an offer of a grant from EFL being made to the beneficiary, or applicant on behalf of the beneficiary, it will be on the understanding that you have read and agreed these Terms and Conditions and the information set out in Sections 3 and 4 above

5.4 EFL reserves the right to withhold the grant if it finds that any form of deliberately false or misleading information has been provided to EFL at any time during the application process or any other relevant information has not been disclosed

5.5 EFL reserves the right to request information from the people named in the application and to make a personal visit to the beneficiary's main residence during the application process or once the equipment has been purchased

5.6. In the event of EFL making a partial contribution towards the cost of equipment the charity will not be held liable for any non-payment of the balance to the supplier

5.7 Any part of the grant that is not required for the purpose for which it was approved is to be refunded to EFL

5.8 Any equipment purchased with the aid of a grant from EFL should be retained and used for the agreed purpose. If used for another purpose, this must be reported to EFL who reserve the right to require repayment of the value of the asset

5.9 All contractual arrangements will be between the applicant and the supplier of equipment or services. The applicant acknowledges that EFL cannot accept liability for the quality or fitness for purpose of any equipment or services 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

5.10 EFL will pay the supplier direct on receipt of an invoice. The applicant must ensure that the beneficiary/applicant is shown as the customer on the invoice. EFL cannot accept invoices where EFL is shown as the customer

5.11 Where equipment is purchased on the internet, the applicant will be required to pay for the goods and EFL will re-imburse the applicant on receipt of suitable proof of payment and/or evidence of delivery of the goods. In exceptional circumstances it may be possible for EFL to transfer the funds to the applicant prior to purchase

5.12 You agree that the financial support you have received from EFL will be acknowledged in all publications concerning the equipment as well as in presentations and interviews (see Part 9)

# Appendix 1 – Grant Application Form

For office use only

Ref.Number		Date	
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## Part 1 - Beneficiary Details

Title					
Surname					
Forenames					
Address including Postcode					
Landline Number		Mobile Number			
Email address					
NHS Number					
Date of Birth		Age		Female <input type="checkbox"/>	Male <input type="checkbox"/>
Marital Status					
Does the beneficiary reside with the family	Yes <input type="checkbox"/>				No <input type="checkbox"/>
If No, or part time, give details and address:					
Contact Name				Phone Number	

Please tell us who lives at home		
<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
<b>Siblings</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name(s) and age(s) of siblings		
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 including Postcode			
Landline Number		Mobile Number	
Email address			
Job Title	Provide professional qualifications if acting in a professional capacity		
Relationship to Beneficiary			

**Beneficiary's Doctor**

Name of GP	
Surgery	
Address including Postcode	
Phone Number	
Email address	

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

Please give details of the beneficiary's medical condition/disability and date of diagnosis. We require you to submit a healthcare professional's diagnosis letter and a letter of support for the equipment requested with your application form

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

We require you to submit ONE quote for equipment costing £2,000 or less and TWO quotes from different suppliers for equipment costing over £2,000

**Grant amount requested (£)**

**Description of equipment required:**

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

**How does your medical condition/disability affect your daily life without the correct equipment?**

**What difference would the new equipment make to your and your family's life?**

## Part 6 - Household income and Savings

Include earned income, investment income and any pensions for all members of the household. Do not include any State Benefits in this total

Please tick as appropriate

Total Annual Gross Income Before Tax		Total Savings	
Under £10,000	<input type="checkbox"/>	Under £1000	<input type="checkbox"/>
£10,000 to £15,000	<input type="checkbox"/>	£1000 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 (amount)	£		

If any member of the household receives income from State Benefits, e.g. P.I.P, income support, housing benefit, carer's allowance, give details including annual amounts received

We require you to submit copies of benefit statements for the last financial year

## Part 7 - Disability Living Allowance (DLA)

If the beneficiary receives DLA tick the rate of DLA awarded

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"/>

We require you to submit copies of DLA award statements for the last financial year

## Part 8 – Other funding

Give details of other charities you have applied to for funding for this equipment. If you have been offered partial funding, submit a copy of the offer letter with your application

	Charity Name	Amount
Charity 1  Details of offer received (if applicable)		£
Charity 2  Details of offer received (if applicable)		£
Charity 3  Details of offer received (if applicable)		£

Is there any statutory financial assistance for this item?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how much?	£	
What, if any, contribution can you make towards the cost of this item?	£	
Has there been any fundraising for this item? If yes, give details and amount raised to date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	£	
Have you received help from the Elifar Foundation before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

## Part 9 – You and the Elifar Foundation Ltd – how you can help us

If your application is successful, we will request a photograph of the beneficiary and the equipment. This can help us with our future fundraising

I agree to provide a photograph after a grant is made	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How we use the photograph is up to you, please choose from the options below

**Please tick ONE box below**

<b>No Access.</b> The photo and details are to be used for internal purposes only	Yes <input type="checkbox"/>
<b>Limited Access.</b> The photo may be used anonymously on our website, on social media and in printed publications. Names and location will be changed and an outline of the beneficiary's need will be given	Yes <input type="checkbox"/>
<b>Optimum Access.</b> The photo along with the beneficiary's name, age and outline of need may be used on our website, on social media and in printed publications	Yes <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 2018 and the UK's General Data Protection Regulation 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 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 our website, on social media and in printed publications

## Part 11 – Other Policies

- Our Policies regarding Equal Opportunities, Complaints and ICT Acceptable Usage are available on our website [www.elifarfoundation.org.uk](http://www.elifarfoundation.org.uk)

## 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 your application carefully before signing and submitting the application. If you do not understand any points please ask us for clarification [info@elifarfoundation.org.uk](mailto:info@elifarfoundation.org.uk)

By signing this application form the beneficiary or the beneficiary’s applicant confirms their agreement to the Terms and Conditions set out in Section 5 (page 6) of this form and the information in the guidance notes set out in Sections 3 and 4 (pages 4 and 5) of this form

By signing this application form the beneficiary’s applicant confirms that they are authorised by the beneficiary to give consent to the processing of the personal data supplied in this application form

<b>Signature</b>	.....
Full Name in Block Capitals	Date
Please tick ONE box below:	
Beneficiary <input type="checkbox"/>	Beneficiary’s Applicant <input type="checkbox"/>

Information about submitting your completed application form is given in Section 3.8 (page 5) of the guidance notes

## Appendix 2 – Checklist

### Supporting documentation

Please ensure you submit all required supporting documentation with your application

If you are submitting your application electronically please attach scanned copies of supporting documents

If you are sending a paper copy of your application by post please send **photocopies** of supporting documents – we cannot return originals

### Signing the application form

It is a requirement that your application form is signed by hand. If you are submitting your application electronically please print Part 12 (page 15), sign by hand and scan this page before submitting

### Supporting Documentation

**Letter(s) of support from healthcare professional(s) dated within the 6 months prior to the application date and signed by hand or electronically**

- Letter of confirmation of the relevant medical diagnosis
- Letter explaining, and directly supporting, the need for the specific item of equipment for which funding is requested outlining how it will benefit the beneficiary

**NOTE : it is acceptable for one letter to cover both the medical diagnosis and provide support for the equipment requested**

**Letter(s) confirming entitlement to state benefits eg income support, housing benefit, carer's allowance dated within the last 12 months**

**Disability Living Allowance confirmation letter dated within the last 12 months**

**Evidence to support other funding for the equipment**

**Quote(s) for equipment –The quote must give a description of the equipment, make, model, including cost, delivery, any other charges and VAT where applicable.**

**Two quotes are required for items of equipment over £2,000**

**Signature page : Part 12 (page 15) printed, signed by hand and scanned if form is submitted electronically**