The Charity Service

Chronicle Cinderella Home Fund Individual Grant Application

**As a registered charity our aim is to support a vibrant and sustainable third sector in Greater Manchester by making grant funding available to charities, community interest companies (CICs), community groups and voluntary organisations.**

**Chronicle Cinderella Home Fund**

Funding from the Chronicle Cinderella Home Fund is available for Individuals or Groups/Organisations to support the costs of respite care and support (including but not limited to the provision of holidays) for the benefit of children and young people under the age of 25 who are sick, convalescent, have special educational needs or are disadvantaged for any other reason. The respite care and support should provide a positive experience for the young person and/or provide a beneficial short period of rest for the young person’s carers and family.

We will normally only fund respite care and support where the family lacks the resources to pay for the respite care and support themselves, or where the local authority are unable to make such provision.

Grants are available to residents within Greater Manchester, East Lancashire, North East Cheshire and North West Derbyshire.

**Guidance Notes**

* This is an application form for financial assistance for an Individual and the application **MUST** be completed, and approved, prior to any activity taking place. Grants will **NOT** be approved or paid retrospectively.
* Applications **MUST** be completed, and submitted, by a supporting Sponsor such as a Social Worker, GP, Teacher or other professional person.
* Completing the application form is **NOT** a guarantee that a grant will be awarded.
* Grant payments will **NOT** be made direct to an Individual. Grant payments will be made to the supporting organisation or direct to the respite/holiday provider.
* Respite breaks/holidays in term time will **NOT** be considered unless proof of agreed absence from the school can be provided at the application stage. Holidays abroad will **NOT** be considered.
* The maximum amount of grant funding available for an individual is £1,000.
* Please ensure that all sections of the application form are completed fully and that you provide the supporting documentation requested when submitting your application. Failure to do so may result in a delay to your application being considered by our Grant Committee.
* By completing and submitting the application form you are agreeing on behalf of the Individual to abide by the Terms and Conditions of funding.
* The decision of the Charity Service Trustees is final.

**If you have any questions prior to completing the application please contact Pete Yarwood on 07936 917679 or email** [**pete.yarwood@charityservice.org.uk**](mailto:pete.yarwood@charityservice.org.uk)

**Are you completing this application form in your first language: Yes/No?**

If you have answered No and require additional support to complete the application please contact Pete Yarwood on 07936 917679 or email [pete.yarwood@charityservice.org.uk](mailto:pete.yarwood@charityservice.org.uk)

**Section 1 (Part A) - Family Details:**

**Parents/Carers**

|  |  |
| --- | --- |
| Name of Parent/Carer 1 |  |
| Name of Parent/Carer 2 |  |
| Home Address: |  |

**Children and Young People**

Please provide details of the child or young person for whom this application is being made:

|  |  |  |
| --- | --- | --- |
| Name(s) | Age(s) | School/College or Occupation |
|  |  |  |

Please list all other children or young people, up to the age of 18, currently living at the home address.

|  |  |  |
| --- | --- | --- |
| Name(s) | Age(s) | School/College or Occupation |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please add additional lines if required.

**Section 1 (Part B) - Family Circumstances**

**Parent/Carer 1**

|  |  |
| --- | --- |
| Are they Unemployed? | **Yes/No** |
| If Unemployed, is this longer than 6 months? | **Yes/No** |
| If employed, are they working for 16 hours or more each week? | **Yes/No** |
| Are they in receipt of any of the following benefits: Universal Credit, JSA, Income Support, Child Benefit, Working Tax Credits, Disability Living Allowance, Employment Support Allowance, Personal Independence Payment, Carers Allowance and Housing Benefit. | **Yes/No** |

**Parent/Carer 2**

|  |  |
| --- | --- |
| Are they Unemployed? | **Yes/No** |
| If Unemployed, is this longer than 6 months? | **Yes/No** |
| If employed, are they working for 16 hours or more each week? | **Yes/No** |
| Are they in receipt of any of the following benefits: Universal Credit, JSA, Income Support, Child Benefit, Working Tax Credits, Disability Living Allowance, Employment Support Allowance, Personal Independence Payment, Carers Allowance and Housing Benefit. | **Yes/No** |

**Household Income**

In the table below, please list the monthly household income – wages and all benefits received. (Please use a separate line for each and add additional lines if required)

|  |  |
| --- | --- |
| Income (Wages/Benefits) | Monthly Amount (£) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Household Expenditure**

In the table below, please list the monthly household expenditure.

|  |  |
| --- | --- |
| Expenditure (Rent/Mortgage, Council Tax, Utilities, Food and any other essential costs) | Monthly Amount (£) |
|  |  |
|  |  |
|  |  |
|  |  |
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**Section 2 (Part A) – What do the family need financial support for?**

Please tell us about the proposed respite care/break, including:

* where the respite break/holiday will be (if you do not know preciously please state the general area, i.e. North Wales);
* when the respite break/holiday will take place (dates);
* how long the activity will be for, (number of days/nights);
* travel to/from the destination;
* what they will be doing; and,
* if required, the type of accommodation (if a provisional booking has already been made, please give details)**.**

**Section 2 (Part B) – Please tell us why this respite break/holiday is necessary and why you support the application for grant funding.**

Please give as much detail as possible regarding the family circumstances, medical history, disability and additional needs of the child/young person, impact on siblings, how long you have known/been supporting the family.

**Section 3 - Expenditure**

Please complete the expenditure table below listing all costs associated with the respite care/break.

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **£** |

Please add additional lines if required.

**£**

How much you are applying for from the Cinderella Fund

Are the family able to contribute towards the cost? **Yes/No** (If yes, please give details below)

Has an application been made to any other organisation, i.e. local council, other funders, etc. for financial assistance? **Yes/No** (if yes, please tell us and with what result)

**Section 4 – Bank Account**

Please give details of the bank account into which you would like us to pay any grant which might be approved. Please provide a scanned copy of a paying in slip, cheque or a recent bank statement as proof of account.

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account Name:** |  |
| **Account No.:** |  |
| **Sort Code:** |  |

**Section 5 (Part A) - Sponsor Details**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Address:** |  |
| **Legal Status:**  (Charity, CIC or Community/Voluntary group) |  |
| **Charity/CIC Registration No.:** |  |
| **Sponsor Name:** |  |
| **Position in Organisation:** |  |
| **Contact Telephone No.** |  |
| **Email address:** |  |

**Section 5 (Part B) – Sponsor Declaration:**

To the best of our knowledge, the information provided in this application is correct and we agree to contact The Charity Service concerning any changes to the details provided in this application.

Signed on behalf of the Organisation:

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Please send your completed application form, with supporting documentation to** [**pete.yarwood@charityservice.org.uk**](mailto:pete.yarwood@charityservice.org.uk) **or** [**enquiries@charityservice.org.uk**](mailto:enquiries@charityservice.org.uk)