



GRANT APPLICATION FORM

When considering applying for a grant from Alex TLC, please ensure that you can provide all relevant documentation as outlined in the checklist at the end of this form in accordance with the Alex TLC Grant Giving Policy.

Please ensure that you are eligible for a grant in accordance with the Alex TLC Grant Giving Policy before applying for a grant.

SECTION 1: RECIPIENT AND APPLICANT DETAILS

RECIPIENT NAME _____ DATE OF BIRTH _____

APPLICANT NAME _____ RELATION TO RECIPIENT _____

RECIPIENT ADDRESS _____

_____ POSTCODE _____

APPLICANT ADDRESS (if different) _____

_____ POSTCODE _____

EMAIL ADDRESS _____

RECIPIENT DIAGNOSIS AND NOTES ON CONDITION _____

SECTION 2: GRANT DETAILS

Please select which grant type you are applying for:

| | | |
|--|--|--|
| BEREAVEMENT | | <i>Please skip to Section 4: Checklist</i> |
| BONE MARROW TRANSPLANT/GENE THERAPY | | <i>Please skip to Section 4: Checklist</i> |
| EQUIPMENT/TREATMENT | | <i>Complete all sections on form</i> |
| FINANCIAL HARDSHIP | | <i>Complete all sections on form</i> |
| TRAVEL | | <i>Complete all sections on form</i> |
| CARE | | <i>Complete all sections on form</i> |

1. Please give more information on what this grant would be used for

.....

.....

.....

.....

.....

2. How will this improve your ability (or the recipient's ability) to cope with their genetic leukodystrophy?

.....

.....

.....

.....

.....

3. What is the total amount needed?

£

4. Have you applied for any statutory funding, or to any other trusts or charities, for help with this amount? If so, what was the outcome of this?

.....

.....

.....

.....
.....
5. What is your contribution to the cost of this item?

£

6. How much are you requesting from Alex TLC?

£

SECTION 3: FINANCIAL INFORMATION

Do you have any household savings, e.g. a current or savings account, ISA or Premium Bonds?

| ACCOUNT TYPE: | AMOUNT (£) |
|---------------|------------|
| | |

Do you receive any of the following benefits? *(delete as applicable)*

| BENEFIT TYPE | |
|-------------------------------------|----------|
| Disability Living Allowance (DLA) | YES / NO |
| Personal Independence Payment (PIP) | YES / NO |
| Attendance Allowance | YES / NO |

Please complete the following information about your household income and outgoings with either weekly or monthly figures *(please specify)*

WEEKLY MONTHLY

| INCOME | |
|--|---|
| Your earnings | £ |
| Partner/spouse's earnings | £ |
| Statutory or employer sick pay | £ |
| Jobseeker's Allowance (JSA) | £ |
| Employment and Support Allowance (ESA) | £ |
| Severe Disablement Allowance/Incapacity Benefit/Income support | £ |
| Working Tax Credit | £ |
| Child Tax Credit | £ |

| | |
|---|----------|
| Child Benefit | £ |
| Carer's Allowance | £ |
| Universal Credit | £ |
| State retirement pension(s) | £ |
| Occupational or private pension(s) | £ |
| Pension Credit | £ |
| Contribution to your income from family members/lodgers etc | £ |
| Any other income (please list) | £ |
| | £ |
| TOTAL | £ |

| | |
|---|----------|
| OUTGOINGS | |
| Mortgage/endowment | £ |
| Rent (after benefit) | £ |
| Council Tax (after benefit)/Rates (in N.I.) | £ |
| Utilities (electricity, gas, water) | £ |
| Any other outgoings (please list) | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| TOTAL | £ |

Please provide your bank details to where you would want the grant payment to be made:

Account name:

Bank:

Sort code:

Account number:

SECTION 4: REQUIRED DOCUMENTS

Please check that your application includes all required documents in accordance with the Alex TLC Grant Giving Policy and the requirements of the type of grant applied for:

| | | |
|--|---|--|
| Bereavement | 1. Copy of death certificate stating genetic leukodystrophy as cause of or contribution to death | |
| | 2. Bank Details to make grant payment to, please include: account name, bank/building society name, sort code and account number | |
| Bone Marrow Transplant/Gene Therapy | 1. Copy of letter from Consultant confirming that BMT/Gene Therapy is being undertaken to treat a genetic leukodystrophy | |
| | 2. Bank Details to make grant payment to, please include: account name, bank/building society name, sort code and account number | |
| Equipment/Treatment | 1. Letter from doctor or medical professional confirming diagnosis | |
| | 2. Current bank statement, including any savings accounts | |
| | 3. Proof of any disability benefits or low-income benefits | |
| | 4. Invoice/estimate for goods or treatment needs before they are ordered | |
| | 5. Letter from doctor or medical professional stating necessity of equipment/treatment and that it is not available on the NHS | |
| Financial Hardship | 1. Letter from doctor or medical professional confirming diagnosis | |
| | 2. Current bank statement, including any savings accounts | |
| | 3. Proof of any disability benefits or low-income benefits | |
| | 4. Evidence that help has been sought through statutory Government agencies/other charities | |
| Travel | 1. Letter from doctor or medical professional confirming diagnosis | |
| | 2. Current bank statement, including any savings accounts | |
| | 3. Proof of any disability benefits or low-income benefits | |
| | 4. Appointment letter; confirming date and location of appointment | |
| Care | 1. Letter from doctor or medical professional confirming diagnosis | |
| | 2. Current bank statement, including any savings accounts | |
| | 3. Proof of any disability benefits or low-income benefits | |
| | 4. Confirmation from social services or doctor that care is needed but not available through social services or through NHS funded care | |

SECTION 5: DECLARATION

I understand that help from Alex TLC is discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis.

I understand that Alex TLC will investigate any allegations of misuse of grants or fraud and will prosecute if there is sufficient evidence to prove that fraud has been committed.

I understand that Alex TLC may use, with my permission, information regarding our grant application as a case study for future funding and awareness.

To the best of my knowledge, the information supplied in this application is correct, complete and accurate.

Name

Date Signature

When completed, please scan and return this application form by email to karen@alexvlc.org.

IMPORTANT: Please ensure you include with your application all copies of paperwork required as per our Grant Giving Policy. Without the relevant paperwork we will be unable to process your request.

GRANT CHECKLIST [ONLY FOR USE BY ALEX TLC STAFF]

| | | |
|--|------|------|
| Application Form completed in full | Yes | No |
| Means Testing | Pass | Fail |
| Required Supporting Documents Received | Yes | No |

APPLICATION PROGRESS

Please tick accordingly:

Approved, pending sign off

Declined, further information required

Please provide details:

.....

.....

.....

.....

.....

OFFICE USE ONLY

AUTHORISATION [ONLY FOR USE BY ALEX TLC STAFF]

Grant Application was:

Verified by

Name

Date Signature

Checked by

Name

Date Signature

Approved by*

Name

Date Signature

***If over £1000 Board Approval Required** Date of Board Meeting

OFFICE USE ONLY