**Regenerage - CLOG Funding**

**Memory Awareness Fund - Micro Grant Scheme Application**

Inclusive North (previously known as Lancashire BME Network) is working collaboration with Regenerage (previously known as Age Concern Central Lancashire) to provide grant funding to those who are experiencing/working with people with memory loss, Alzheimer’s and dementia. This grant scheme is opened to organisation in Lancashire.

We encourage applications that increase opportunities, activities, social links, and community networks for people affected by memory loss. These can be:

* Dementia friendly groups and activities
* Existing groups and activities to provide activities over an extended period.
* Supporting individuals to engage with activities e.g. one-off equipment; sporting goods, walking boots; initial help with transport costs.

**Criteria for all organisations:**

Applicants must meet the following criteria to be eligible for the funding:

* The application must be for the benefit of people affected by dementia who are residing within the geographical boundaries of Lancashire.
* The project must be dementia friendly and inclusive.
* The applicant must provide evidence of project expenditure and beneficiary involvement as required by the funder.
* The lead person is to provide a final report (template will be provided)

**Applications,** where possible, will be considered within eight weeks of receipt.

We will request for bank details on the application form.

**Grant amount: The maximum that you can apply for is £1,000.**

**Age Concern Lancashire - CLOG Funding**

**Memory Awareness Fund: Micro Grant Scheme Application**

**Section 1:**

|  |  |  |
| --- | --- | --- |
| Name of Project: |  | |
| Name of Organisation: |  | |
| Position in the organisation: |  | |
| Location of Group: |  | |
| Main Contact Person: |  | |
| Address: |  | Postcode: |
| Telephone: | Mobile: | Email Address: |

**Section 2:**

This section to be completed by groups/organisations:

|  |  |
| --- | --- |
| 1. Type of Organisation:   Charity  CIC  Social Enterprise  Constituted Voluntary Group  Other:       (please state what the ‘other’ is) | *Please provide your charity/company number.* |
| 1. Which geographical area will you be covering through this project? | *Please provide town/postcode areas.* |
| 1. What is your application for? *(Please breakdown your project)* | ***For example:***  *What will it look like?*  *Is this a new activity or adding to an existing one?*  *Is there a continuity plan as a group or for the individuals taking part to continue their benefit from it?* |
| 1. What is the total amount of funding you’re applying for?   £ | *Please provide a figure of the total amount requested.*  ***Maximum amount is £1,000.*** |
| 1. Breakdown of cost of your project? | *E.g. for groups: £400 to run an activity/venue hire, transport £250.* |

**Section 3:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How have you identified your activity? | | | *For example: attended a similar activity and wanted to replicate it here; research from speaking with people living with dementia locally.* |
| 1. How will you/your proposal meet the individual needs and aspirations of a person/people with dementia? | | | *This might detail:*  *How would your proposal help someone learn a new skill or support an existing hobby or interest?*  *Would it help support the well-being of a person/people with dementia and their carers?*  *Or would it help a person/people with dementia living in rural areas where there are no similar services?* |
| 1. Please state who/how many people will benefitting from this project? | | | *How many people can join in with your project?*  *Do you want to target certain people? E.g. Younger people with dementia?*  *How many people do you anticipate will benefit from the project?* |
| 1. We would love to learn more about what you’re planning or already providing. Is there anything else you’d like to add? | | | *Please tell us anything you think might support your application or be useful for us to know in our roles supporting the community.*  *Feel free to send in an email or additional sheets if necessary.* |
| Bank Details | | | *If you are applying for the grant to be deposited into another organisation’s bank account, please tell us here and send in proof of that account and written permission from them.* |
| Account Name: | |  |
| Bank / Building Society: | |  |
| Bank / Building Society Address: | |  |
| Sort Code: |  | Account Number: |
|  |  |  |

**Section 4:**

**Confirmation of your application.**

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| --- | --- |
| **By signing below, you are confirming the following:**   * **You have read and understood LBN’s guidelines.** * **All the information supplied in this grant application is correct.** * **You are authorised on behalf of your group/organisation to make this application.** | |
| **Signature:** |  |
| **Print Name:** |  |
| **Date:** |  |

**Disclaimer:**

**Would you like to be added to our mailing list**

Lancashire BME Network is committed to ensuring the security and protection of the personal information that we process, and to provide a compliant approach to data protection. If you have any questions related to GDPR compliance, please contact our Data Protection Officer on 01254 392974

Please complete and return this form by email to:

[**grants@lancashirebmenetwork.org.uk**](mailto:grants@lancashirebmenetwork.org.uk)

**Subject - Memory Awareness Grant**