

AUTISM ANGLIA - NORFOLK TRUST FUND

INFORMATION SHEET

Who can apply?

- Any individual with ASC living in Norfolk
- A parent or carer of a child or person with an ASC living in Norfolk.

How much can be applied for? Any amount up to £500

How many times can you apply? You can only apply once a year. The Norfolk Trust Fund will not consider any application that is made to the Trust Fund within 12 months from the date of the last grant made or from the date of advising you that your application has been unsuccessful.

How many times can you receive a grant? We will only make one grant payment to you in any one year.

What sort of things we will consider giving a grant for?

- Essential household items such as a washing machine, cooker, microwave, fridge, bed, tumble dryer or a contribution towards the purchase
- Garden fencing or a contribution towards the purchase, where this is not the responsibility of a landlord or social housing organisation and the safety of a child with ASC is at risk.
- Days out or a contribution towards, where the family is not entitled to receive direct payments or respite through Social Care services.

What things won't be considered?

- Items or services that should be provided by statutory agencies e.g. Access adaptations
- Where a property is rented we will not consider giving a grant for items that should be provided by your landlord or social housing organisation.

What happens once I have sent in my application?

- Your application will be considered in the first instance by the Norfolk Family Services
- Co-ordinator, who will send you an acknowledgement letter and contact you if any further details or where clarification of information is required to help us consider your application.
- Applications received will be considered quarterly at the end of February, May, August and November.
- The final decision will be made by Autism Anglia's Chief Executive.
- We will then write to you to let you know the decision and where your application has been successful we will enclose a cheque for you make your purchase.

Notes on completing the grant application form:

- Where the person requiring the grant is unable to complete this form themselves, the form can be completed by someone else on their behalf.
- This form must be signed by the person requiring the grant.
- You will need to obtain at least one written quote for each specific item and send this with your application. However for some items we may request that you obtain additional quotes.

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GRANT APPLICATION FORM

Please see information on page 1 before completing this form.

1. Applicant's details

Title: (delete as appropriate) Mr / Mrs / Miss / Ms

First name:..... Surname:.....

Address:

.....

..... Post code:.....

Tel.no:..... Mobile:.....

Email:.....

Are you a home owner? YES / NO (delete as appropriate)

Are you an individual with ASC? (Tick relevant box)

YES please go to section 3

NO please answer section 2

2. About the child / person with ASC

First name:..... Surname:.....

Date of birth:..... Male / Female (delete as appropriate)

Relationship of applicant to child / person with ASC.....

Contact details of person with ASC (if different to above)

Address:.....

.....Post code:.....

Tel. no.:.....

3. About your grant application (To be completed in all cases)

a) For what purpose do you require a Grant?

.....
.....
b) **Benefits to be gained by the person with Autism**.....

b) **Full Cost: £.....How much are you applying for? £.....(MAX. £500)**
If the full cost is more than what you are applying for how will the difference be paid?
.....

d) **Who should we make the cheque payable to?**.....
(If you are awarded a grant we would prefer to issue a cheque payable to where you are to make the purchase. You will need to confirm with the retailers you obtain quotes from that they will accept a company cheque. However if this is not possible we will contact you to agree an alternative method of payment)

e) **Have you applied to Social Services, Health Authority or any other grant giving organisations for funding towards or for the cost of the above detailed item(s)?**
(delete as appropriate) YES / NO

- Have you had a decision yet? (please tick as appropriate)**
 YES - a copy of the decision letter is enclosed with this application.
 NO – I should receive a decision by(please insert date)

How did you hear about the Trust Fund?.....

Have you received a grant from the Trust Fund before? YES / NO

If 'YES', please say when:and for what:.....

DECLARATION (to be signed by person applying for the grant)

I declare that the information given on this form is correct and complete and enclose at least one quotation for each item this grant will purchase.

I undertake to spend any sum that I am awarded on the item(s) described on this grant application form and I will provide a receipt(s) or other document to confirm that I have done this within one month of receipt of the grant.

I understand that the Norfolk Trust Fund will not consider any application that is made to the Trust Fund within 12 months from the date of the last grant made or from the date of advising you that your application has been unsuccessful.

Signed..... **Date**.....

Please return your signed completed form and at least one quotation for each item you wish to purchase with this grant to:

**Norfolk Family Services Co-ordinator, Autism Anglia, Old Pharmacy Yard,
Church Street, Dereham, NR19 1DJ**