# **The Powell Family Foundation**

# **Grant Application Form for Individuals**

**Eligibility**

In order to apply for a grant, you or the person for whom you are applying, **must**:

* have a vision impairment;
* be 25 years of age or younger;
* be a British citizen resident in the UK or be a permanent resident in the UK with Indefinite Leave to Remain.

**What do we fund?**

The trustees will consider applications that relate to at least one of the specific areas below:

* Advocacy or support for vision assessment referral and certification;
* Specialist devices and equipment to support daily living;
* Curriculum development for pupils and students with a vision impairment;
* Accessing local services;
* Specialist teaching and habilitation;
* Accessing assistive technology including the provision of equipment;
* Support to complete education or training over an extended period;
* Activities that contribute to overall well-being including drama, music, sport or gaming;
* Training and achievement of qualifications for the education or support of vision impaired children and young adults.

We will consider a contribution to small construction projects on a case-by-case basis. Please contact us to discuss before applying.

**We do not fund:**

In general TPFF does not make grants for the following:

* Anything for which funding is available from public sources, local or national government;
* General household items, bills or debts;
* Reimbursement for an item already purchased;
* General appeals or circulars;
* Sponsorship.

**How to Apply**

Please complete all sections of this document, then email it, together with the supporting documents, to [grants@tpff.org.uk](mailto:grants@tpff.org.uk). We will confirm that we have received your application.

* Please type / write your answer in the space below each question.
* Please answer all sections.
* If you have any questions or require help with your application, please contact us by email [info@tpff.org.uk](mailto:info@tpff.org.uk) or phone 020 7458 4554
* Please read the guidance notes at the start of each question to help you complete the application
* Please read our Privacy Notice, this will tell you how we use the information you provide.

**Start**

**Section 1**

(Notes: here we ask for basic information about the recipient, that is the person who will directly benefit from this grant. Full name, date of birth, nationality (British citizen or legal resident in the UK), address, plus telephone number / email if applicable. This could be the same as the person completing the application or it could be a child or young person if the application is being completed by a parent, guardian etc. In the next section we will ask for information about the person completing the application.)

Q1.1. Full Name (child or person directly benefiting from this grant)

Q1.2. Gender

Q1.3. Date of Birth

Q1.4. Nationality

Q1.5. Address

Q1.6. Telephone number home / mobile

Q1.7. Email address

**Section 2**

(Notes: if you are completing this application on behalf of someone else (child, relative, friend etc) please complete your details here. What is your preferred means of communication, email or phone? Also in this section it would be good to know how you heard about us. We do a lot of advertising and promotion through other charities so it’s good to know what works.)

Q2.1. Name of person completing this form (if different to above)

Q2.2. Relationship to person named in Section1

Q2.3. Address / Tel No / Email (if different to Section1)

Q2.4 Preferred method of contact (email / phone / post)

Q2.5 How did you hear about TPFF?

**Section 3**

(Notes: we need some brief information about your, or the young person’s vision impairment / sight loss and any other medical conditions. Please include any current medical treatment. This information is important as we may be able to suggest relevant services or charities but it will not affect the grant decision.)

Q3.1. Please tell us about the sight condition of the person in Section 1.

Answer:

Q3.2 Please tell us about any other medical conditions the person in Section 1 may have.

Answer:

Q3.3. Is the person in Section 1 currently receiving or waiting for, any medical treatment?

Answer:

**Section 4**

(Notes: If you or the young person are currently in receipt of any state benefits, please tell us here. This information is important as we aim to reach people in greatest need but it will not affect the grant decision.)

Q4.1. Is the person in Section 1 currently in receipt of Disability Living Allowance (Child Disability Payment in Scotland) or Personal Independence Payments (Adult Disability Payment in Scotland)?

Please give details here:

Q4.2. If you are the parent or guardian of the person in Section 1, do you receive any benefits or tax credits?

Please give details here:

**Section 5**

Q5.1. How much do you wish to apply for? In this section tell us the **amount** of the grant you are applying for, in the next section tell us the details. If there are several items, please show the total amount here:

**Section 6**

(Notes: In this section, please tell us exactly what you will use the grant will buy whether it is support, training, equipment etc. You **must** provide full details of costs and include where, or from whom, items or services will be purchased. Please provide a weblink to the items. If the grant is to be used for training or education, please give course details. Remember, a grant cannot pay for, or reimburse, something that has already been purchased.)

Q6.1. What will the grant pay for?

Please give details here:

Q6.2 Please add details of where this will be purchased from, and the cost.

**Section 7**

(Notes: This is the section where you tell us the important stuff about the current situation / problem and how the grant will help to improve things. What will you be able to achieve as a result of this grant? Please give as much detail as you wish.)

Q7.1. Why do you need this grant and how will it help? Please state what the grant would do to lessen any barriers you face due to your vision impairment.

Please give details here:

Q7.2. If the grant request is for technical equipment, do you require training in how to use it?

**Section 8**

Q8.1. Have you received any grants from your local authority or government departments? If so, what was the purpose of the grants?

Q8.2. Is your local authority able to fund the item/service requested in this application?

Please give details here:

**Section 9**

Q9.1. Have you applied for grants from any other charities? If so, please let us know the name of the charity and if you were successful.

Please give details here:

**Section 10**

(Notes: In this section, please let us know anything else you think might be useful. For example, you may wish to tell us what other organisations are supporting you or what ideas, plans, ambitions, interests you may have. You don’t have to fill in this section it is completely voluntary and will not affect the outcome of the application.)

Q10.1. Is there anything else you wish to tell us in support of your application?

Please answer here:

**Section 11**

(Notes: We are sure you will understand that we need to certain, as far as possible, that all applications for grants are genuine so we need to ask for the additional information requested in this section. If your application is successful, we will pay the grant direct into the account shown on the bank statement unless you tell us otherwise.)

Please supply the following additional information:

11.1 A copy of your (or your parent’s/legal guardian’s) UK Passport;

OR

A copy of your (or your parent’s/legal guardian’s) Biometric Residence Permit;

* + 1. Proof of address, this could be a utility bill, medical appointment letter, benefit form, tax notification etc., dated within the last 12 months;
  1. Copy of your **latest** bank statement showing transactions;
  2. Copy of Certificate of Vision Impairment or letter from medical professional

confirming eye condition;

* 1. Copy of any benefits received, see Section 4;
     1. A reference from someone who is not a family member. This could be, for example, a medical professional, colleague, teacher, charity, local council sensory team. This reference should state how they know you and for how long. It should include the referee’s name, address and contact details.

Please sign and date the following **Declaration**:

I hereby declare that the information I have provided in this grant application is truthful and accurate.

Signed:

Name:

Date:

END