**HELPING HAND PROJECT – GRANT FORM**

**Further info** The Helping Hand Project was set up in response to concerns that families were struggling with the additional costs of bringing their children to Footsteps. We are especially aware that those travelling very long distances may have a large fuel bill or accommodation costs in addition to therapy costs and this may make it difficult to attend. We also want to support local families on low incomes. This trial was made possible by a generous one-off donation and will run for one year, or until the funding runs out, whichever is sooner.

**T&Cs: Families may apply for support with either fuel or accommodation. Receipts must be provided, or no support will be given. The HHP can give a maximum of £500 per session and £2,000 per family per year. Non-grant families are welcome to apply also if they feel help is needed.**

 PLEASE ANSWER **ALL** QUESTIONS

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address (Town/county)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Do you receive a grant through the Family Grants Project towards payment of therapy?**

Y N If Y, how much do you currently receive? \_\_\_\_\_\_\_\_\_\_\_%

1. **Dates of session that you are applying for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Please indicate the reason you are applying for funding (please tick & complete relevant information)?**

£

\*Fuel Expenses Expected Cost **OR**

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

\*Accommodation Costs Expected Cost Number of Nights **OR**

£

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

\*Therapy Costs

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

**BANK DETAILS** Name of Account Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sort Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUEL COSTS -** If you are applying for assistance with fuel costs we require all fuel receipts, which can be submitted in the last week of your session. Grant payments will usually be made within 1 week after your session and once receipts are received, directly to the bank account details given.

**ACCOMMODATION COSTS -** If you are applying for a grant to help towards accommodation costs, we will require a copy of your booking confirmation, invoice, or receipt showing the full cost and duration of your accommodation. If successful we aim to make payment to you at the end of the first week of your session.

**Please give further details as to why you are applying for additional funding through the Helping Hand Project.**

|  |  |  |
| --- | --- | --- |
|   |  Date:  |   |

Signed:

 ***For office use only***

Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family Grant for 2020 %:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sessions booked for 2020:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount agreed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date greed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_