

THE NORMAN BARNES FUND

P. O. Box 15
Town Hall
Rochdale
OL16 1AB
Tel: Rochdale (01706) 647474
Fax: Rochdale (01706) 864705

Our Ref: RMcE/NB/

To: Applicants to the
Norman Barnes Fund

Enquiries to: Rachel McEwan
Extension: 4716

Date:

Dear Applicant

NORMAN BARNES FUND

Please find attached, an application form for the Norman Barnes Fund as requested.

When completing the form, please note that all sections of the form must be completed, including the statement of income on the reverse of the form. Please also indicate on the application form why you are in need of the assistance for which you are applying under the "What do you want the Grant for?" section. It is not sufficient to request assistance from the Fund without any supporting information.

Applications should be supported, whenever possible, by a professional person such as a doctor, social worker, home help or representative of Age Concern for example. There is a space on the application form for such a representative to record their comments.

If you are applying to the Fund for assistance towards the purchase of items such as carpets, decorating, beds etc., please note that the Trustees require written quotations to be submitted with the application form before any requests for funding can be considered. (Please note that if appliances such as fridges or cookers are awarded, then they will be standard items which will be ordered and delivered to you direct.)

I look forward to receiving your application in due course.

Yours sincerely

For Clerk to the Norman Barnes Fund

Att.

ROCHDALE METROPOLITAN BOROUGH COUNCIL

NORMAN BARNES FUND

NOTES FOR APPLICANTS

1. The Norman Barnes Fund was established for charitable purposes for the welfare of the elderly in the area of the former County Borough of Rochdale.
2. Applicants must be aged over 60 and live in Rochdale, Castleton, Norden or Bamford. Organisations that assist the elderly in the area of benefit can also apply for assistance.
3. Grants can be made in a number of different ways, providing that the Trustees are satisfied that there is a genuine need for assistance.
4. Examples of the type of assistance that the Fund could provide are outlined below:-
 - (i) assistance towards the purchase, or provision of items such as fridges, cookers, carpet and furniture;
 - (ii) payments for services such as essential house decorating/repairs;
 - (iii) assistance towards the cost of a recuperative holiday;
 - (iv) assistance towards projects being undertaken by organisations which benefit the elderly in the area of benefit;
 - (v) payments to meet expenses for visiting people;
 - (vi) provision of facilities such as tools, equipment or books.
5. There is no limit to the number of applications that can be made to the Fund or amount of grant which can be applied for, as all applications are considered on their merits at regular meetings of the Trustees.
6. No payments can be made to help to pay tax, Council tax or any other statutory payments, except where relief or assistance is already provided out of statutory funds.
7. When completing an application form, please give as much information as possible and ensure that all sections of the form are completed. It may assist the Trustees to consider your application, if the application is supported by a professional person such as a Home Help, Doctor or Social Worker for example.
8. Application Forms and further information may be obtained from:-

Mr. R. Ellis
Clerk to the Norman Barnes Fund
P.O.Box 15
Town Hall
Rochdale
OL16 1AB

Or telephone Rachel McEwan on (01706) 647474, Extension 4716, for further assistance.

NORMAN BARNES FUND APPLICATION FOR GRANT

Name of Applicant
(please print)

Address
(please print)

Telephone No.

Date of Birth
(If you are making an application on behalf of an organisation, please state the age range of members of the organisation)

How much are you asking for?

What do you want the Grant for?
(Please give as much information as possible in support of the application and continue on a separate sheet if necessary)

If you are making an application on behalf of an organisation, please state the number of members in the organisation; where the organisation is based; a brief description of the nature of the activities undertaken by the organisation; and any other information you feel relevant to the application. *(Please continue on a separate sheet if necessary)*

Signature of Applicant..... Date.....

If your application is supported by a representative of an official agency, please ask them to provide their comments in the space below.

Signature of person supporting the application.....
Official Agency they represent
Telephone No..... Date.....

FOR OFFICE USE ONLY

Application Acknowledged
Considered by Trustees on
Trustees' Decision
Cheque Sent
barnes.applic

PRIVATE & CONFIDENTIAL

NORMAN BARNES FUND STATEMENT OF INCOME

(IF YOU ARE MAKING AN APPLICATION ON BEHALF OF AN ORGANISATION, PLEASE COMPLETE SECTION 1 ONLY)

1.

INCOME OF ORGANISATION	PER WEEK
	£
Please give details of sources if income (Including details of membership fees)	Please give full details.

2.

INCOME OF APPLICANT (INDIVIDUAL ONLY)	AMOUNT PER WEEK
Please give details of sources if income	£

3.

INCOME OF THE HOUSEHOLD	AMOUNT PER WEEK
Please list the income, and occupation (if any) of persons living with you	
1.	£
2.	£
3.	£
TOTAL INCOME	£

4. Please list other persons living with you, stating ages and relationship to you

NAME	AGE	RELATIONSHIP TO APPLICANT

Signature of Applicant _____ **Dated** _____