**SMALL GRANT APPLICATION FORM FOR SUPPORTNG FARLEY RESIDENTS DURING COVID-19**

Please fill in every question. Should you have any queries, please contact us by e-mail at: farleybiglocal@ageconcernluton.org.uk

**Your Name:**

**Your address:**

**Post code:**

**Your telephone/ mobile number(s):**

**Your e-mail address:**

**How many members currently live in the household:**

**Are you receiving support from another organisation? i.e. Luton Foodbank? Luton Borough Council? A local Charity? If so, what are they supporting you with?**

**Do you give permission for Farley Big Local to contact other organisations to support you/ your family?**

1. Please give us an overview of why you have applied for this grant & how this would support you/ your family?
2. Do you meet one or more from the following category? & Can you provide us with evidence to support this? i.e. Letters, e-mails, bank statements, pay slips, If not, why?
* Have no recourse to public funds.
* Have lost your job due to covid-19.
* Are a low-income worker.
* Low income worker now furloughed.
* Wage has been affected due to Covid-19.

1. We would like to know how this grant has made a difference to you or your family.

We kindly ask all applicants to e-mail us on farleybiglocal@ageconcenluton.org.uk, two weeks after the grant has been awarded to let us know.

1. Please return the grant application form by e-mail to: farleybiglocal@ageconcenluton.org.uk, with supporting information: ID, letter from your Manager, a bank statement or a payslip of

the most recent months, you can cover up information on there which does not apply to this grant.

**DATA PROTECTION**

Your information will be kept confidential. If you have given permission above, we will share some of the information with other local organisations who can also offer support. Some information will be shared with the subgroup who are assessing the applications. Only postcodes will be shared with the wider Farley Big Local Partnership (13 board members) to let them know who they have supported. The only individual who will be aware of all the applicant’s details will be the FBL Community Worker.

**Print Name:**

**Signature:**

**Date:**