

DonMentia – Doncaster’s Dementia Charity

Registered Charity No. 1152207

Application

for

DonMentia Community Development Fund (DCDF)

Important Note: Please answer all questions as failure to complete the form fully and accurately may result in your application being rejected or delayed. If you need more space the text boxes are expandable or you may attach another sheet of paper.

Q1. Please include your provider name and project /group name in the boxes below. Please **circle** the boxes below whether you are: not for profit, third sector, voluntary or community group.

Provider Name:

Project/Group Name:

Have you been funded by DonMentia previously?	
---	--

Not for profit	Third Sector	Voluntary	Community Group
----------------	--------------	-----------	-----------------

Q2. Contact details.

Name:	Address and postcode:
Position:	
Telephone number(s):	
Email:	

Q3. What are you planning to do? Where will this be delivered?
How would the DCDF financial support be used?

When answering please consider the criteria for applications

Q4. Explain how you will ensure attendees have a diagnosis of dementia or that the carer is caring for someone with a diagnosis of dementia?

Q5. How do you plan to sustain and continue the group when the support from DonMentia concludes?

Q5. Please provide a breakdown of what the DCDF will fund and Include quotations where relevant

Description	Total cost	Grant requested
Total		

Q6. If the project /group costs are more than the grant then please state how the difference will be funded.

Declaration and Terms of Grant:

All information given must be correct, throughout the application.

If your application is successful, you will be invited to attend our Celebration Event, share experiences and complete a quarterly performance/feedback report.

Applications can only be considered for groups who have a Bank or Building Society account where at least two signatures are required to draw funds. Please tick the box to confirm this:

The following section should be completed by two account signatories to confirm that the information in the application is correct.

Full Name:

Position in group:

Signature:

Date:

Full Name:

Position in group:

Signature:

Date:

Thank you for your application, please submit this form to:

admin@donmentia.org

Or, alternatively, if you prefer to submit a printed copy please contact us through the website for a postal address