



## GUIDELINES AND NOTES ON GRANT APPLICATIONS

(Please see separate Guidelines and Notes for Research Grants [www.bailythomas.org.uk/applications/researchguidelines](http://www.bailythomas.org.uk/applications/researchguidelines)).

### 1 THE FUND'S POLICY

- 1.1 The Baily Thomas Charitable Fund is a registered charity which was established primarily to aid the research into learning disability and to aid the care and relief of those affected by learning disability by making grants to voluntary organisations working in this field.
- 1.2 **Learning Disabilities** Learning disabilities (intellectual disabilities), and autism are our priorities for funding. We consider projects for children or adults. We do not give grants for research into or care of people with mental illness, dyslexia, dyspraxia nor ADHD, if they do not also have learning disabilities (intellectual disabilities).
- 1.3 The Fund's work is linked with The Rix-Thompson-Rothenberg Foundation therefore applicants cannot apply to both. If you receive a grant from either trust you are not eligible to reapply to the Fund until 2 years from receipt of the grant.

### 2 APPLICATIONS CONSIDERED FOR FUNDING

- 2.1 Funding is normally considered for capital and revenue costs and for both specific projects and for general running/core costs.
- 2.2 Grants are awarded for amounts from £250 and depend on a number of factors including the purpose, the total funding requirement and the potential sources of other funds including, in some cases, matching funding.
- 2.3 Normally one-off grants are awarded but exceptionally a new project may be funded over two or three years, subject to satisfactory reports of progress.
- 2.4 Grants should normally be taken up within one year of the issue of the grant offer letter which will include conditions relating to the release of the grant.
- 2.5 The following areas of work normally fall **within** the Fund's policy providing they benefit the learning disabled:
  - Capital building/renovation/refurbishment works for residential, nursing and respite care, and schools;
  - Employment schemes including woodwork, crafts, printing and horticulture;
  - Play schemes and play therapy schemes;
  - Day and social activities centres including building costs and running costs;
  - Support for families, including respite schemes;
  - Independent living schemes;
  - Support in the community schemes;
  - Snoezelen rooms.



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2.6 We do not normally fund:

- Hospices;
- Minibuses except those for residential and/or day care services for the learning disabled;
- Advocacy projects;
- Conductive Education projects;
- Arts and theatre projects;
- Swimming and hydro-therapy pools;
- Physical disabilities unless accompanied by significant learning disabilities.
- Grants for acquired brain injury will only be considered if the resulting learning disabilities occur early in the developmental period (i.e. birth, infancy or childhood), impacting on brain maturation and development and learning in childhood.
- Appeals which are ethnically or religiously selective which the Fund defines as therefore not benefitting the wider community.

### 3 HOW TO APPLY

- 3.1 Applications should be made by completing the Fund's grant application form via the Fund's website. If you do not have access to the internet, please contact the Secretary to the Trustees.
- 3.2 Applications will only be considered from voluntary organisations which are registered charities or are associated with a registered charity.
- 3.3 Grants will **not** normally be awarded to **individuals**.
- 3.4 All applications to the Fund will be subject to independent review.
- 3.5 A copy of the applicant's **latest annual report and accounts** should be submitted with the application form and these can either be uploaded at the time of applying online or posted subsequently to the Secretary.
- 3.6 Do not send architectural drawings, plans or photographs. These are seldom necessary and will be asked for, if required.
- 3.7 Successful applicants will normally be asked to submit a written, brief grant monitoring report.
- 3.8 A second application from an organisation will **not** normally be considered for a **period of at least two years** after completion of an initial grant or **one year** from notification of an unsuccessful application.
- 3.9 Meetings of the Trustees are usually held in June and November each year, for details of application deadlines, please refer to the website.



## **GUIDELINES AND NOTES ON GRANT APPLICATIONS**

### **4 HEALTH AND SAFETY ISSUES**

Persons making applications for a grant for the purpose of employing individuals with a learning disability in their own enterprises are required to complete and sign the attached questionnaire marked "A" concerning issues of health and safety at work. They agree in all respects to comply with their obligations under Health and Safety legislation for the time being in force whether or not covered by the questionnaire.

Persons who are making applications for the purposes of sponsoring or arranging the placement for employment of individuals with a learning disability at the establishment of a third party are required to take all necessary steps for securing the health, safety and welfare of the said individual to the same extent and in the same manner as an employer who is required to in relation to employees by or under the relevant legislation, including any associated approved codes of practice for the time being in force. Such a person should accordingly complete and sign the declaration at Section 12 of the application form.

### **5 DISCLAIMER**

The Trustees of the Baily Thomas Charitable Fund specifically disclaim and accept no responsibility for any claim arising out of or incidental to the completion of projects by recipients of grants and it is a condition of any award that this is accepted.

**CONTACT DETAILS FOR THE FUND** and all subsequent correspondence should be sent to:

Mrs Ann Cooper  
Secretary to the Trustees  
The Baily Thomas Charitable Fund  
c/o TMF Management (UK) Ltd  
400 Capability Green  
Luton  
Beds LU1 3AE



## GENERAL GRANT APPLICATION FORM

This application form is for your use to aid the preparation of your appeal in readiness for processing the application online via the Fund's website ([www.bailythomas.org.uk/applications/grantapplication](http://www.bailythomas.org.uk/applications/grantapplication)). The Fund does not accept handwritten applications, if you do not have access to the internet please contact the Secretary to the Trustees.

Answers in excess of the number of words stipulated in section D will be edited.

**Please note: this form is not to be used if you are applying for a research grant (please refer to the research guidelines on the Fund's website [www.bailythomas.org.uk/applications/researchguidelines](http://www.bailythomas.org.uk/applications/researchguidelines)).**

### ORGANISATION DETAILS

**A1** Name of Organisation

\_\_\_\_\_

**A2** Address

Town

\_\_\_\_\_

County

\_\_\_\_\_

Postcode

\_\_\_\_\_

Country

\_\_\_\_\_

**A3** Telephone Number

\_\_\_\_\_

**A4** Fax Number, if applicable

\_\_\_\_\_

**A5** Email Address

\_\_\_\_\_

**A6** Organisation's Registered Charity Number

\_\_\_\_\_

**A7** Company Number, if applicable

\_\_\_\_\_

**A8** Website Address

\_\_\_\_\_



## CONTACT DETAILS

- B1** Contact Full Name  
(Title/First/Last Name) \_\_\_\_\_
- B2** Job Title/Office \_\_\_\_\_

The details supplied in the following question will be used for all correspondence. You will need to enter these details even if they are the same as those already entered in A2.

- B3** Correspondence Address
- Town \_\_\_\_\_
- County \_\_\_\_\_
- Postcode \_\_\_\_\_
- Country \_\_\_\_\_
- B4** Telephone number \_\_\_\_\_
- B5** Fax number, if applicable \_\_\_\_\_
- B6** Contact Email Address \_\_\_\_\_

*(If this application has been entered by the Baily Thomas Admin Team the email address that is provided above will be used to confirm your application was received. Where **B6** has been left blank we will confirm by letter that we have input your application on your behalf)*

## ORGANISATION FINANCIAL DETAILS

- C1** Organisation background or additional financial information  
*Please tell us any information relating to recent changes in your Organisation structure or use this space to provide any additional financial information with regard to the entries made below. You should use the most recent financial accounts when completing these questions and the information should correlate to the year end confirmed in **C2***

**For the following questions if your Organisation is not a Registered Charity but the project is associated with a Registered Charity, you will need to enter the financial information of the associated Registered Charity**

- C2** Please enter the financial year/period end of your latest accounts \_\_\_\_\_
- C3** Total Incoming Resources/Receipts \_\_\_\_\_
- C4** Total Resources Expended/Payments \_\_\_\_\_
- C5** Net Incoming resources or net receipts (answer C5 or C6) \_\_\_\_\_
- C6** Net Outgoing resources or net payments \_\_\_\_\_
- C7** Free Reserves/unrestricted funds \_\_\_\_\_
- C8** Net assets \_\_\_\_\_



**PROJECT DETAILS**

**D1** Title of the project for which funding is being requested

**D2** Principal activities of the Organisation  
(no more than 50 words)  
  
*(These are usually defined in the Annual Report of your financial accounts)*

**D3** Description of the project  
(no more than 150 words)

## PROJECT DETAILS

**D4** Aims and Objectives of the project  
(no more than 80 words)

*(Please outline the aims of the project for which funding is being requested and the objectives that you hope to achieve for the learning disabled such as how they may be engaged, the opportunities that will be provided for them, what experiences they may have, any skills that may be acquired)*

**D5** Please confirm the number of individuals with **learning disabilities** who will benefit from the project

*(This can be shown as a number or %, please state the total individuals overall where the 2 figures differ)*

**D6** Amount Requested      £ .....      p

**D7** Please state the specific purpose for which the grant-aid is required  
(no more than 30 words)

**D8** Should a grant be awarded, please state the **exact** name of the Organisation in whose favour it should be drawn. It is extremely important that the **correct name** is stated.

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*If you are **not** a registered charity but are completing this application as affiliated to a registered charity, the registered charity assume the responsibilities of the grantee and will be bound by the terms and conditions of any grant offered.*

*Any grant payable can therefore only be paid to the registered charity and you must state in **D6**, their associated charity name.*



**PROJECT COSTINGS – EXPENDITURE & INCOME**

**E1** What is the total cost of the project? £ .....

**E2** Detail how the figure in **E1** is arrived at.  
*(If you have any supporting paperwork or a detailed breakdown relating to your comments in E2, you can upload a file to our website.)*

**E3** How much money, if any, have you already raised for this project?  
If you have not raised any money please input '0' in the box.  
£ .....

**E4** From what source(s) has this income been obtained?  
*(if 0 above, please detail fundraising efforts)*

**E5** Is the project receiving financial support from the statutory services? If **Yes**, give details. If **No**, have you established whether or not it is eligible for such support?

**E6** Are you applying for a grant for the purpose of employing individual(s) with a learning disability in your own enterprise? *(please circle)* YES / NO

**E7** If you have answered **Yes** to **E6**, have you downloaded and completed the Health & Safety declaration located on our website within the How To Apply heading and then General Applications Guidelines. *(please circle)*  
YES / NA

**E8** Are you applying for a grant for the purposes of sponsoring or arranging the placement for employment of individuals with a learning disability at the establishment of a third party?  
*(please circle as applicable)* YES / NO





**PROJECT COSTINGS – EXPENDITURE & INCOME cont’d...**

**E9** If you have answered **Yes** to **E8**, do you agree to the following statement?

I acknowledge in connection with the Application for a grant from the Baily Thomas Charitable Fund for the purpose of placing an individual or individuals with a learning disability(s) that it is our responsibility to take all necessary steps for securing the health, safety and welfare of all such individuals to the same extent and in the same manner as an employer is required to do in relation to employees by or under the relevant legislation, including any associated approved codes of practice for the time being in force.

*(please circle as applicable)*

YES / NO /

NA

**REFEREE DETAILS**

All referees must be independent and familiar with the applicant or project, but not directly associated with the organisation.

<b>F1</b>	Have you contacted your referees?	Y/N
	<b>REFEREE ONE</b>	<b>REFEREE TWO</b>
<b>F2/F8</b>	Full Name (Title/First Name /Last Name)	Full Name (Title/First Name /Last Name)
<b>F3/F9</b>	Job Title Position	Job Title Position
<b>F4/F10</b>	Contact Organisation	Contact Organisation
<b>F5/F11</b>	Address	Address
		Town County Postcode Country
<b>F6/F12</b>	Telephone Number	Telephone Number
<b>F7/F13</b>	Email Address	Email Address



## DOCUMENTATION

**G1 With reference to Section C**

Please provide a copy of your latest annual report and accounts. Should a more up-to-date set be available before the next scheduled Baily Thomas Charitable Fund Trustees' meeting, please forward a copy to the Secretary to the Trustees.

Enclosed: YES / NO

**G2 With reference to Section E2**

It is not usually required but if you have a schedule detailing your costings, this can be submitted.

Enclosed: YES / NO

**G3 With reference to Section E6**

If you have answered **Yes** to this question please attach a completed Health & Safety Questionnaire (your application will not be considered without it).

Enclosed: YES / NO / NA

**G4 Any other documents (not photos)**

Enclosed: YES / NO / NA



**Registered Charity No 262334**

**A**

**Questionnaire to be completed by persons applying for grants for the purpose of employing individuals with a learning disability**

**Health and Safety at Work Etc. ACT 1974**

Please tick only one box for each question. For any questions where a tick is placed in the "No" box, please provide below the reason why you consider the question to be inapplicable to the circumstances pertaining at the particular place of work, and what, if any, alternative measures are in place to ensure proper regard is given to the Health and Safety of employees and those visiting the place of work.

	Yes	No
Have you prepared a written statement of your general policy with respect to Health and Safety at work?	<input type="checkbox"/>	<input type="checkbox"/>
Has this policy statement (and any revisions) been brought to the attention of all your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified the health and safety hazards and assessed the risks to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recorded the significant findings of the risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Have your employees been given a full and detailed safety induction course, e.g. what to do in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>
Have you appointed one or more health and safety assistants from your organisation (or from outside) who are trained or knowledgeable about health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>
Name(s) of current appointed health and safety assistant(s)		
(i)..... (ii).....		
Have you appointed one or more health and safety representatives?	<input type="checkbox"/>	<input type="checkbox"/>
Name of current representative(s)		
(i)..... (ii).....		



**Registered Charity No 262334**

**A**

**Questionnaire to be completed by persons applying for grants for the purpose of employing individuals with a learning disability**

**Health and Safety at Work Etc. ACT 1974**

	Yes	No
Is there an Accident Book available in the place of work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the need to make reports to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have at least one appointed person available at all times who has basic knowledge of first aid?	<input type="checkbox"/>	<input type="checkbox"/>
Name of current appointed person(s)		
(i)..... (ii).....		
Do you provide suitable Personal Protective Equipment to your employees free of charge?	<input type="checkbox"/>	<input type="checkbox"/>
Do you display "No Smoking" signs in appropriate places?	<input type="checkbox"/>	<input type="checkbox"/>
Do you display a FIRE Notice with instructions in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Employers Liability Insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Name of Insurance Company.....

Date of expiry of current insurance policy.....

Explanation below for any "No's and/or for a description of any additional health and safety measures which may be in place.

Charitable Organisation (per A1 of grant application):.....

Signed: ..... Date:...../...../.....