

THE BAILY THOMAS CHARITABLE FUND

Registered Charity No 262334

GUIDELINES AND NOTES ON GRANT APPLICATIONS

(Please see separate Guidelines and Notes for Research Grants)

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 Disability** We consider under learning disability the conditions generally referred to as severe learning difficulties, together with autism. In this area, we consider projects concerning children or adults. Learning disability, thus defined, is our priority for funding. We do not give grants for research into or care of those with mental illness or dyslexia.

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:

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;

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Swimming and hydro-therapy pools and snoezelen rooms.

2.6 We do not normally fund:

Hospices;

Minibuses except those for residential and/or day care services for the learning disabled;

Advocacy Projects;

Arts and theatre projects;

Physical disabilities unless accompanied by significant learning disabilities.

3 HOW TO APPLY

- 3.1 Applications should be made in writing on the attached **application form**. Please note the additional instructions on the form.
- 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.
- 3.6 Do not send architectural drawings, plans or photographs. These are seldom necessary and will be asked for, if required.
- 3.7 Where a specific project is funded, successful applicants will normally be asked to submit a written, brief report, on completion of the project.
- 3.8 A second application from an organisation will **not** normally be considered for a **period of at least one year** after completion of an initial grant or notification of an unsuccessful application.
- 3.9 Meetings of the Trustees are usually held in June and early December each year and applications should therefore be submitted no later than **1 May** or **1 October** for consideration at the next relevant meeting, late applications will not be considered.

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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 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.

COMPLETED APPLICATION FORMS 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 Limited
410 Capability Green
Luton
Beds LU1 3AE

Registered Charity No 262334

Our Ref FBT

Application for Grant

Please complete this form **clearly** in TYPE or BLOCK CAPS (black ink) as it may be photocopied for circulation to the Trustees or Assessors.

All sections must be completed, it is not acceptable to state “see attached”.

Answers in excess of the number of words stipulated in sections 6 and 7 will be edited.

1) Name and Address of Applicant:

Job Title/Office

Telephone Number:

Fax Number:

2) Name and Address of Organisation (if different from above)

Telephone Number:

Fax Number:

3) What is the address for correspondence – please tick

1) 2)

4) Is the Organisation a Registered Charity?

YES/NO

If YES, Registered Number:

If NO, is the project associated with a Registered Charity?

YES/NO

Name and address of associated Registered Charity:

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5) Title of the Project for which funding is being requested:

6) Principal Activities of the Organisation (no more than 50 words)

7) Description of the Project including the number of individuals with learning disabilities who will benefit from the project (no more than 80 words)

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8) Costings

a) Expenditure

What is the total cost of the project? Detail how this figure is arrived at.

b) Income

How much money, if any, have you already raised for this project and from what sources?

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8) Costings

c) Statutory Service Funding

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?

9) Grant-aid requested from the Baily Thomas Charitable Fund

Please state the amount being requested and the specific purpose (no more than 30 words) for which it is required:

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.

10) Referees

Names and addresses of two independent referees familiar with the applicant or project, but not directly associated with the organisation:

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11) Undertaking

If the application is successful, I/We undertake:

- a) To submit a report on the project within 3 months of the completion of the project (and agree to this being used by the Baily Thomas Charitable Fund in any way the Trustees so decide).
- b) To return to the Baily Thomas Charitable Fund any money not used for the stated purpose.
- c) To agree if requested, to a visit to the project by a Trustee or Advisor of the Baily Thomas Charitable Fund.

Signed

Date

12) Declaration by grant applicant for funding to place individuals with learning disabilities at third party places of employment

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.

Signed:

Date:.....

**Baily Thomas Charitable Fund
Registered Charity No 282334**

**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"/>
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Name of current representative(s)

(i)..... (ii).....

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Is there an Accident Book available in the place of work?

Are you aware of the need to make reports to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)?

Do you have at least one appointed person available at all times who has basic knowledge of first aid?

Name of current appointed person(s)

(i).....

(ii).....

Do you provide suitable Personal Protective Equipment to your employees free of charge?

Do you display "No Smoking" signs in appropriate places?

Do you display a FIRE Notice with instructions in case of fire?

Do you have Employers Liability Insurance?

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.

Signed:.....

Date:.....