

OLDER PEOPLE'S WELL-BEING PROJECT

FUNDING TO ENCOURAGE ACTIVITIES BETWEEN YOUNG AND OLD

APPLICATION 2009 - 2010

Cluster/School/Organisation:	
Contact Name submitting request:	
Contact details Address:	
Tel:	
Email:	
Name of Extended Services Cluster Coordinator <i>(if applicable)</i>	
Project name and description <i>(in no more than 20 words)</i> :	
<p>Criteria for encouraging activities between young and old which this project will meet <i>(x in one or more boxes)</i>:</p> <p><input type="checkbox"/> Breaking down barriers and stereotyping between young and old</p> <p><input type="checkbox"/> Transferring skills or knowledge in either direction between young and old</p> <p><input type="checkbox"/> Encouraging the movement either of older people into schools, or younger people into the community</p> <p><input type="checkbox"/> Showing creativity in their approach</p>	
Demonstrate how the project will encourage activities between young and old and meet the criteria indicated above <i>(in no more than 100 words)</i> :	
Please describe which partner organisations will be collaborating on the development and/or delivery of this project. <i>(i.e. other special or mainstream schools, voluntary sector partners etc)</i> :	

Please explain how the need for this project was identified (<i>in no more than 20 words</i>):		
Funding is being requested for (<i>x in one box only</i>):		
<input type="checkbox"/> A one-off/short term event/project – maximum £500 <input type="checkbox"/> A longer term project - maximum £2,500		
What is the total cost breakdown for this project? (<i>a simple bulleted list, including any staffing, volunteering, advertising, promotion, transport, revenue and equipment costs etc</i>):		
<ul style="list-style-type: none"> • • 		
Total cost of project:	Amount of funds from other sources:	Amount requested from this fund:
£	£	£
If additional funding is being used from other source(s) please state from where:		
Please specify how you will evaluate the impact the project has made on both:		
Younger participants:		
Older participants:		
<i>(All projects will be asked to submit a visual record as part of the evaluation)</i>		
Please comment on the sustainability of this project:		
Please outline the safeguarding procedures relating to this project (e.g. CRB checks, supervision, insurance, risk assessment)		
Supporting documentation - Please provide any supporting document that you feel is relevant to this application.		

Declaration

I declare that the information supplied in this application is true and that any funding received from Hampshire County Council will be used for the purposes described in this form:

Name

Date

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Position

Applications should be sent by e-mail to [:wellbeing@hants.gov.uk](mailto:wellbeing@hants.gov.uk)
by **9.00 am Monday 1st June 2009**