



MS Research and Relief Fund

“Supporting people affected by Multiple Sclerosis”

Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX

Tel: 01670 505 829 Fax: 0191 247 5816

Web: www.ms-researchandrelief.org Email: grants@ms-researchandrelief.org

GRANT APPLICATION FORM

Before completing this form, please read the following guidance notes carefully.

GRANT APPLICATION GUIDANCE NOTES

All sections of the grant application form must be fully completed and applicants must provide quotations (at least two independent) and a letter of support from a health care professional such as an MS Nurse, GP, Physiotherapist, Social Worker, Occupational Therapist.

Applicants in receipt of Benefits and Financial Support or those who have applied and received funding from the MS Society, for this item/service, do not have to complete the Income / Expenditure section but **MUST** include evidence of the relevant State Benefit or Financial Support awarded.

We recommend that where appropriate, grant applications should be made to relevant statutory / charitable bodies **BEFORE** applying to our Charity.

All applications will be acknowledged within **20 working days**.

What we will fund:

Respite Care Costs

The Charity will consider funding for a maximum of £500 per week up to a maximum of two weeks in any twelve months period.

Aids / Adaptations and Equipment

The Charity will consider funding up to a maximum of £1500.

What we will NOT fund:

MS Research and Relief Fund will not make any award for:

- Retrospective funding, i.e. goods / services already purchased, ordered or where a deposit has been paid
- Rent arrears / damages deposit, mortgage arrears, council tax, hire purchase payments/arrears or utility bills
- Bankruptcy fees or bond payments
- Complementary therapies / gym fees
- Furniture, unless it is specialist furniture accompanied by health professional recommendation
- Transport costs of any kind
- Driving lessons
- IT equipment and home entertainment systems
- Boilers
- Holidays
- Funeral costs
- Ongoing costs of any kind, i.e. memberships, course fees etc.

When applying for financial assistance you MUST complete all the required parts of this form.

Remember to enclose supporting information to avoid any delay in your application being considered.

Completed forms should be returned by post to:

MS Research and Relief Fund

Benmar House
Choppington Road
Morpeth
Northumberland
NE61 2HX

Or via email:

grants@ms-researchandrelief.org

A registered charity, No.: 228634

A company registered as The Multiple Sclerosis Research and Relief Fund in England, No.: 795584.

Registered office: Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX

APPLICATION FOR FINANCIAL ASSISTANCE

Part 1: Personal Details

First names (*print*)

Surname

Address

Postcode

Telephone

Have you, or the person you are applying for, been diagnosed with MS?

Yes / No

Do you live with a partner?

Yes / No

If yes, partners full name

Do you have any dependents?

Yes / No

If yes, how many?

Name and Address of GP

We will only consult them with your consent

Postcode

|| Part 2: Purpose of Grant Application

For what purpose would grant funds be used? *(tick appropriate box)*

Aids / adaptations

Respite care

Other

Please provide further information on the item in the space below. You can also use the space to give any details you feel are relevant to your application.

Supporting letter

If you have been assessed for this item please provide a copy of the assessment. If not, please supply a supporting letter from a health care professional, such as a MS Nurse, GP, Physiotherapist, Social Worker, Occupational Therapist.

Quotations

All grant applications **MUST** be accompanied with a written quotation from the supplier of the goods or service applied for.

PLEASE NOTE any grant award is conditional on suppliers accepting direct payment from MS Research and Relief Fund.

MSRRF will not make payments for goods and services to grant recipients or their families or friends.

Part 3: Financial information

All items in this box must be completed on all applications, if an item is nil, please enter 0.

Savings

Please state if you have **ANY** form of savings, and the amount.

Amount of savings

I **DO NOT** have any form of savings

Total cost of item / service applied for

Contributions

Please tell us below how much has already been raised or promised for this item:

Own contribution

Adult services

D.F.G.

Other charities / trust funds

Other contributions

TOTAL of contributions

Balance remaining

Amount of assistance requested

MS Society Contribution

It will help us deal with your application if you can tell us if you have also applied to the MS Society for financial assistance. Please state if you have done so and the outcome of the application.

I HAVE / HAVE NOT* applied to the MS Society (*delete as applicable)

Amount granted by the MS Society

National grants contribution

Local branch grants contribution

TOTAL

Please provide confirmation / contact details of any MS Society contribution.

State Benefits

People in receipt of a State Benefit or Financial Support package **DO NOT** have to complete the Income and Expenditure table on Page 7, when providing evidence of eligibility.

Please sign below if you are in receipt of State Benefit or a Financial Support package.

Signed

Date

Please provide valid evidence of your eligibility (e.g. Photocopy of Notice Award).

IMPORTANT: Persons in receipt of State Benefit or Financial Support OR who have received financial assistance from the MS Society for THIS item / service DO NOT need to complete this section.

Please give details of your income and expenditure below.

	Income			Expenditure / Outgoings	
	Weekly	Monthly		Weekly	Monthly
Wages	<input type="text"/>	or <input type="text"/>	Mortgage	<input type="text"/>	or <input type="text"/>
Partners wages	<input type="text"/>	or <input type="text"/>	Rent	<input type="text"/>	or <input type="text"/>
Statutory Sick Pay	<input type="text"/>	or <input type="text"/>	Council Tax	<input type="text"/>	or <input type="text"/>
Incapacity Benefit	<input type="text"/>	or <input type="text"/>	Water rates	<input type="text"/>	or <input type="text"/>
Severe Disablement Allowance	<input type="text"/>	or <input type="text"/>	Home insurance	<input type="text"/>	or <input type="text"/>
Disabled Persons Tax Credit	<input type="text"/>	or <input type="text"/>	Gas	<input type="text"/>	or <input type="text"/>
State Retirement Pension	<input type="text"/>	or <input type="text"/>	Electricity	<input type="text"/>	or <input type="text"/>
Private/other Pension	<input type="text"/>	or <input type="text"/>	Telephones and broadband	<input type="text"/>	or <input type="text"/>
DLA Mobility Component	<input type="text"/>	or <input type="text"/>	Food costs	<input type="text"/>	or <input type="text"/>
DLA Care Component	<input type="text"/>	or <input type="text"/>			
Attendance Allowance	<input type="text"/>	or <input type="text"/>			
Carers Allowance	<input type="text"/>	or <input type="text"/>			
Child Benefit	<input type="text"/>	or <input type="text"/>			
Housing Benefit	<input type="text"/>	or <input type="text"/>			
Universal Credit	<input type="text"/>	or <input type="text"/>			
Other benefits	<input type="text"/>	or <input type="text"/>			
Any other income	<input type="text"/>	or <input type="text"/>			
TOTAL INCOME	<input type="text"/>	<input type="text"/>	TOTAL EXPENDITURE	<input type="text"/>	<input type="text"/>

Any other information

|| Declaration

Please ensure you sign the declaration below.

To the best of my knowledge, the information I have given is accurate.

I accept that after receiving a grant, I may be asked to provide information on any benefit it has generated.

Signed

Date

Checklist:

Enclose evidence of State Benefit or Financial Support package, where applicable.

Enclose copies of supporting letters from health care professional, e.g. MS Nurse, GP, Physiotherapist, Occupational Therapist, Social Worker.

Enclose copies of quotations (at least 2 independent) for the item or service.

REMEMBER TO ENCLOSE SUPPORTING INFORMATION TO AVOID ANY DELAY IN YOUR APPLICATION BEING CONSIDERED.

Data Protection: How we use your information

The information you provide to us on this application will be used only for the purposes of assessing your application for grant funding. It may be necessary, especially if you have applied to other organisations, for us to talk to such organisations and share some of the information you have provided here. By signing this form, you agree to the sharing of this information for this purpose.

Should you require further details on the safe storage and handling of sensitive personal information, please feel free to contact us at the address on the front of the application form.

How did you hear about MSRRF Grants?

PLEASE NOTE

Grant applications will only be considered on receipt of a completed grant application form, you may be contacted for further information before a decision can be made.

We will always state the reasons for any unsuccessful grant application.