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GRANT APPLICATION FORM

I/We wish to apply for a Parish Council grant.

1. Name of organisationNew Forest Disability Information Service

Address ... 6-8 Osborne Road, New Milton, BH25 6AD.....

Telephone Number ...01425 628750.... E-mailjacki@newforestdis.org.uk.....

2. Person to contact concerning the application, if different from above

Name as above.....

Address

Telephone Number E-mail

3. Description of project and the needs it will serve (use separate sheet if necessary):

To support Copythorne residents with free, impartial, confidential disability related information and advice; in particular home visits for clients unable to travel to our New Milton office for disability related welfare benefit applications and advice. Our service is available to disabled people, their families, carers, professionals and any other interested party across the New Forest area.

We have successfully applied for and secured welfare benefits for Copythorne clients that had either been turned down when applying themselves or had not made an application and, in many cases, did not realise they could apply. This money, along with advice on equipment, alarms, services and many other topics can make a huge difference to the lives of people less well or less mobile.

4. Estimated cost of project ... £95,000 for whole service per annum.....(our home visit is free to the client but costs the charity on average £65)

5. Proposed date of projecton-going.....

6. Membership details: Adult (), Junior (), Family () in number

7. Finance: Please supply a copy of your latest audited accounts and balance sheet.

NB: During 2018/19 we supported 3 enquiries from Copythorne

SignedJMKeable Jacki Keable

CapacityChief Executive..... Date27 August 2019.....