**Bluebird Care (Swale)**

**Criteria and Application Form for Applying for a Grant.**

Bluebird Care (Swale) is a homecare provider working with customers to remain independent in the comfort of their own home. We work with customers, their families, Social Services, GP’s and many other care professionals to ensure each person receives the care they need.

We offer a unique service tailoring care visits which range from 30 Minutes to full live in care. As well as personal care, we also help with meal preparation, welfare checks, shopping, social trips, animal therapy, reminiscent calls for those living with Dementia, visits to the hospital and provide extra support for post-discharge customers.

As a locally owned and run business, we are passionate about supporting community projects that make a positive difference in people’s lives – particularly the older members of society. It is for this reason we are giving away our Bluebird Care Grant.

**To apply for a grant, the organisation must fulfil the following two criteria.**

* The organisation and/or its beneficiaries must be based in the Swale area
* The applicant must run or co-ordinate the project

With your application form, please will you:

* Include the mission statement of the organisation and web address if possible.
* Provide a clear explanation of the project/initiative for which the funds are required.
* Provide evidence of how the project benefits.
* Provide evidence of the benefit to the community.
* Use any funds granted only for the project/initiative described in the application form.

Applications are more likely to succeed if they aim to support people, training skills and activities.

With the applicants’ permission, we would like to be able to use reports about their project in any future publicity linked with Bluebird Care

**Application Process**

Applicants should return the completed application form to Rebecca Glass, Bluebird Care (Swale), 123-125 High Street, Sittingbourne, Kent. ME10 4AQ

**Bluebird Care (Swale)  
Grant Application Form**

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| --- | --- |
| **1. Group or Organisation Name** |  |

|  |  |
| --- | --- |
| **2. Principal Applicant** | |
| Name |  |
| Address |  |
| Position |  |
| Telephone Number |  |
| Email |  |

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| --- | --- |
| **3. Description of the project addressing the criteria in the guidelines (Max 500 Words)** | |
|  | |
| **4. Amount of Funds requested**  (Up to £250 is available every three months) | **£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **5. In the event of a successful application, to whom should the cheque be made payable** |  | |
| **6. Declaration** | | |
| The attached is a true and accurate description of the project I will undertake to complete if funds are granted. Should circumstances change such that funds are not used for the purpose stated I will contact the committee and discuss the situation. If appropriate I will return any unused funds.  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name (in capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |