

Footsteps Foundation Grant Terms and Conditions



1. Applications for a grant can only be made following a Footsteps assessment, and acceptance of your child onto the Footsteps programme.
2. You can apply for a grant once your child has a session(s) booked at Footsteps.
3. Application to Footsteps Foundation does not guarantee funds awarded.
4. Grants will be awarded according to need. Therefore the amount of money awarded will be a percentage of the full costs of therapy, usually 25, 50 or 75%.
5. If your gross household income (not including benefits) exceeds £60,000 it is unlikely that we will be able to help.
6. You can apply for multiple sessions within the same year on one form.
7. Any monies awarded from Footsteps Foundation will go directly to Footsteps Ltd. No monies will be given to the family.
8. If any information provided on the grant application form to Footsteps Foundation is found to be incorrect, the application process will be frozen until the correct information is received.
9. If you cancel a session once a grant is awarded you will forfeit that session's grant, this will not affect other grants awarded within the same year.
10. Missed hours (for example due to sickness) will not be refunded unless the missed hours amount to more than the percentage covered by a Footsteps Foundation grant.
11. All incomplete applications will be closed six months after the date of receipt.

All information provided is strictly confidential and will only be used in order to assist the Trustees of Footsteps Foundation to make a decision on any grant awarded.

Please fill in the application form as clearly and as fully as possible. If you have any questions please contact us on 01865 858382.

Please send your completed application to:

The Trustees, Footsteps Foundation, 4 Queen Street, Dorchester-on-Thames, Oxon, OX10 7HR

Footsteps Foundation Grant Application Form

**FOOTSTEPS
FOUNDATION**

1. About Your Child:

First Names

Surname

Known as (if different from above)

Age Date of Birth Male / Female (*Please Circle*)

2. About You: (*This section should be completed by the main carer*)

First Names

Surname

Address

Telephone No' Mobile No'

Email

Relationship to child

Marital Status (*Please circle*) Married/Co-habiting Single Parent
Widowed Divorced/Separated

3. About therapy at Footsteps: (*Your child must have had an assessment at Footsteps already*)

How many hours of physiotherapy will your child have per day?

How many Footsteps sessions are you applying for with this grant?
(1x three week course = 1session)

What year will the therapy take place in? _____

How much will the total costs of this therapy be? £ _____

How much money has been raised towards the therapy and who from?

Family £ _____ Fundraising £ _____

Other Sources £ _____ Grant requested from Footsteps Foundation £ _____

Please note - Grants will be awarded according to need. Therefore the amount of money awarded will be a percentage of the full costs of therapy.

Your Household Financial Details

Please include copies of two recent month's statement from any household bank accounts that you hold showing your benefits/wages going in and expenditure going out. Please add notes if there are any items you want to explain. If you/your partner are working please include a copy of your payslips.

If your gross household income exceeds £60,000 (not including benefits) it is unlikely that we will be able to help.

1. Salaries/Wages

| | | |
|------------------------|------------------------------------|---|
| Salary/Wages (YOU) | Weekly / Monthly (<i>Circle</i>) | £ |
| Salary/Wages (PARTNER) | Weekly / Monthly (<i>Circle</i>) | £ |

If divorced/separated or single please tell us how much is contributed from other parent towards child (*monthly basis*) £ _____

2. Benefits (Per Month)

| | | | |
|-------------------------|---|------------------------|---|
| DLA | £ | Carers Allowance | £ |
| Child Benefit | £ | Incapacity Benefit/ESA | £ |
| Tax Credits | £ | Income Support | £ |
| Carers Allowance | £ | Maternity Allowance | £ |
| Housing Benefit | £ | Jobseekers Allowance | £ |
| Statutory Maternity Pay | £ | Maternity allowance | £ |
| Council Tax Benefit | £ | Other (please specify) | £ |

5. Savings (*Please advise us of any savings you have*)

| |
|---|
| £ |
|---|

6. Expenditure (Per Month) *(Please include two months' bank statements)*

| | |
|----------------------------|---|
| Mortgage | £ |
| Rent | £ |
| Council Tax | £ |
| Utilities (Gas, Water etc) | £ |
| Loans | £ |
| Credit Cards | £ |
| Groceries | £ |
| Car Payments | £ |
| Car Insurance | £ |
| Petrol/Diesel | £ |
| Telephone | £ |

Other expenditure you think we should take into account:

| | |
|--|---|
| | £ |
| | £ |
| | £ |
| | £ |

7. Please give details of others who reside in the household:

| Name | Age | Relationship to child |
|------|-----|-----------------------|
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| | | |
| | | |

Please note the application cannot be processed unless signed and dated by the child's main carer. Should you need more space for any of the questions please use additional sheets of paper. Please feel free to add a covering letter/note if you feel it would support your application.

Declaration: I confirm the information on this form is correct and complete to the best of my knowledge and belief.

Signed: Date:

Application Checklist

- Have you completed the form as fully as possible? Include any other information you may feel relevant. Please use further sheets of paper if you need to.
- Have you completed the financial summary?
- Have you included proof of income including two months' bank statements and pay slips where applicable?
- I have read the included notes on completing the application form, and understand the terms and conditions.

Please note that if any of the above items are missing from your application this will delay the process.