



**CITY OF OXFORD CHARITY
GUIDANCE NOTES FOR RELIEF IN NEED GRANTS**

This form should be completed with, or by, a professional worker from a social/ medical/ advice agency, or similar. This person will be asked to agree to receive any grant funds awarded, and to ensure the appropriate items requested in the form are purchased on behalf of their client. Further guidance available here

<https://oxfordcitycharity.org.uk/grants/relief-in-need-grants/>

Please note the following:

1. Page 3 of the application should be completed only by the supporting organisation. If preferred, a letter of support can be written. The information provided should briefly outline why this applicant should receive a grant. It should give some background to the applicant's financial situation, family, mental or physical health, housing, ability to work (as appropriate).
2. Applicants must have lived within the City of Oxford boundaries for at least three years.
3. If an applicant is required to give their immigration status in question 2 then please produce a copy of the relevant page of the Applicant's passport or travel document, or a letter from the Home Office informing the applicant of their immigration status. People with Indefinite Leave to Remain (ILR), or Discretionary Leave (DL) or under Humanitarian Protection (HP) will be considered.
4. Payments will be made to the organisation supporting the applicant so that the support worker can ensure the funds are spent appropriately. The charity is unable to make payments directly to the applicant or to any private individual. Payments can also be made in the form of Argos vouchers, or in certain circumstances to 3rd parties. The Charity does not pay off debts, including items that have already been purchased.
5. All applications need to be submitted with a signed Data Protection statement (see back page). Ideally this should be signed by the applicant but in cases where this cannot be done the support worker can authorise us to proceed on their behalf.
6. If items requested are large and complex it would be helpful if an accurate breakdown of priority, costs or a quote can be included so the charity can make a meaningful decision or a partial award.

Please return form to: Grants Administrator, City of Oxford Charity, The Office, Stones Court, St Clements, Oxford, OX4 1AP, or email to: grants@oxfordcitycharity.org.uk

Application for a Relief in Need grant

1. Personal Details of Applicant

Full Name:		Contact Number:
Address including Postcode		
Occupation:		
Age:	How long living in Oxford (See Guidance note 2)	

2. Residency Status (See Guidance note 3)

Are you a UK citizen?	Yes	No
If no, what is your immigration status		

3. Accommodation

Owner:		
Rented:		Details of Landlord:
Other		Please give details:

4. Particulars of family living with applicant

Full names	Date of birth	Age	Relationship	School/work

5. Assistance needed. Please list details of each item requested together with the cost

[illegible]

6. Statement of Income. Please give all figures MONTHLY. It is essential to complete this section accurately. The committee take this information into account when making decisions

	Applicant	Partner
1) Net wages		
2) Universal Credit		
3) Income Support		
4) Job seekers allowance		
5) Incapacity Benefit/ESA		
6) Housing benefit		
7) Tax Credits		
8) Child Benefit		
9) Disability Benefit (AA/DLA/PIP)		
10) Carers Allowance		
11) Child Support		
12) Pension		
13) Other (Please specify)		
14) Contributions from other members of family		
TOTAL MONTHLY INCOME		

7. Statement of Expenditure. Please give all figures MONTHLY.

1) Mortgage/Rent	
2) Council Tax	
3) Utilities: Gas, Electric, water	
4) Telephone	
5) Clothing	
6) Household expenses (food etc.)	
7) Disability expenses	
8) Other expenditure	
(Please specify: e.g. school meals /transport/TV/child care/ etc.)	
TOTAL MONTHLY EXPENDITURE:	

8. Statement of Assets and Debts

Savings (if any)	Do you own a car?	Other assets:
Debts (if any)	Total owed	Monthly repayments
Fines		
Court orders		
Rent arrears		
Other debts (please list)		

Application for a Relief in Need grant

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PLEASE NOTE: This page to be completed by a staff member of the supporting organisation.

9 Details of support worker/organisation

Name of individual supporting this application:	Direct number:	Direct email address:
	Role:	Department:
Name and address of organisation:		

10 Please indicate how you would like the funds to be received. (See Guidance note 4)

a) I wish the funds to be paid by bacs into the following bank account Yes / No		
Account name:	Number:	Sort code:
b) I wish funds to be paid using an e-voucher from Argos to the email listed above: Yes / No		

I understand that by completing this form I will be asked to receive grant funds on behalf of the applicant, and I agree to ensure the funds are spent on the items listed in section 5.

Signature:

Please answer the following questions as fully as possible. This information is used by the panel to make their decision. Please use additional paper if needed OR enclose a letter of support instead of using this section of the form.

1. Please provide a brief casework history of your client telling us their circumstances and any pertinent additional factors (e.g illness/disability, recent life-changing events, or domestic upheaval)
2. How would the items requested be of particular assistance to your client?
3. Is there any additional information that would help the committee assess your client's circumstances? For example, other grant applications being made on their behalf



Data Protection Statement – required for all applications

By applying for a grant from the City of Oxford Charity you have provided information of a personal and sensitive nature both on the application form and in associated documentation provided by third party professionals supporting you. This information will be used by the Trustees and employees of the Charity, and when necessary relevant agencies:

- to assess the validity of your request, to process your application.
- when appropriate, to make a grant payment.
- to other grant makers unless you expressly request otherwise.

The information will be held securely by the Charity for a period of up to six years, after which it will be destroyed. At any time during that period you may request access to your information. These procedures are in accordance with the principles of the Data Protection Act 1998.

I have read and understand the above statement and authorise the City of Oxford Charity to use my personal information as required.

Applicant Signature

Applicant Name

Dated

Statement below to be completed by supporting agency worker only if the Data Protection statement above has not been signed by the applicant

"I recognise that I am completing and signing this form on behalf of applicant and that I have their authorisation so to do."

Signed

Name

Date