

Digital Outreach grant application form – up to £500

Grant Ref. No:	Assessor:	Date Received:
Name of organisation or group applying for funds		
Address for correspondence:		
Postcode		Telephone
Contact name	Mr/Mrs/Miss/Ms/Other:	
Email		Website
Please give an overview of what the grant is for and how it will help raise awareness of the switchover amongst our core target groups?		
Total grant amount requested please provide breakdown overleaf		
Cheque to be made payable to		

So that we can monitor the effectiveness of the grants scheme and provide accurate figures on activity taking place in each region, we require feedback from grant funded activity. A feedback form will be sent out with the cheque and should be returned to **Libby Minto at Surrey Community Action, Astolat Coniers Way, Guildford, Burpham, Surrey, GU4 7HL** no later than 2 weeks after the event/activity. Please indicate below who will be responsible for providing this feedback.

Person responsible for obtaining and returning feedback	
Contact Telephone No	
Email	
Date feedback will be returned <i>(should be no later than 2 weeks after event/activity)</i>	

In compliance with the Data Protection Act 1998, Digital Outreach and **Surrey Community Action** may need to transfer some of this information to organisations commissioned to administer the Grant programme. By completing this form you are giving your consent for this to go ahead. Further details are available on request.

Thank you for applying for a grant. Digital Outreach would like to add you to their e-newsletter mailing list. The newsletters share stories about the fantastic outreach activity our voluntary and community sector partners are delivering.

Would you like to receive e-newsletters from Digital Outreach? Yes [] No []

We would also like to offer you the opportunity to receive e-newsletters from Digital Outreach’s sister companies, which contain information about opportunities to get involved in further outreach work.

Would you like to receive newsletters from Digital Outreach’s sister companies? Yes [] No []

Please detail below the proposed activities to be covered by the grant:

Stakeholder events

Number of events		Date (s)	
Estimated number of people to be directly reached		Estimated number of people to be indirectly reached	
Target audience group - Please tick all groups that apply and where possible indicated the number of people in each group who will be reached via this activity.	<input type="checkbox"/> Older people <input type="checkbox"/> People who are socially isolated <input type="checkbox"/> People with sensory, mobility, dexterity impairments <input type="checkbox"/> People who have experienced mental health conditions <input type="checkbox"/> People with English as a 2 nd language <input type="checkbox"/> People who have learning difficulties <input type="checkbox"/> Blind or partially sighted <input type="checkbox"/> Deaf/deafened <input type="checkbox"/> Help Scheme eligible <input type="checkbox"/> Carers/employ carers <input type="checkbox"/> Stakeholder	Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number	
Amount requested			
Please indicate what the grant will cover (eg. room hire, catering, transport, printing, mailing costs, etc)			

End user events

Number of events		Date (s)	
Estimated number of people to be directly reached		Estimated number of people to be indirectly reached	
<p>Target audience group -</p> <p>Please tick all groups that apply and where possible indicated the number of people in each group who will be reached via this activity.</p>	<input type="checkbox"/> Older people <input type="checkbox"/> People who are socially isolated <input type="checkbox"/> People with sensory, mobility, dexterity impairments <input type="checkbox"/> People who have experienced mental health conditions <input type="checkbox"/> People with English as a 2 nd language <input type="checkbox"/> People who have learning difficulties <input type="checkbox"/> Blind or partially sighted <input type="checkbox"/> Deaf/deafened <input type="checkbox"/> Help Scheme eligible <input type="checkbox"/> Carers/employ carers	<p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p>	
Amount requested			
Please indicate what the grant will cover (eg. room hire, catering, transport, printing, mailing costs, etc)			

1 to 1s

Number of 1 to 1s		Date (s)	
Estimated number of people to be directly reached		Estimated number of people to be indirectly reached	
<p>Target audience group -</p> <p>Please tick all groups that apply and where possible indicated the number of people in each group who will be reached via this activity.</p>	<input type="checkbox"/> Older people <input type="checkbox"/> People who are socially isolated <input type="checkbox"/> People with sensory, mobility, dexterity impairments <input type="checkbox"/> People who have experienced mental health conditions <input type="checkbox"/> People with English as a 2 nd language <input type="checkbox"/> People who have learning difficulties <input type="checkbox"/> Blind or partially sighted <input type="checkbox"/> Deaf/deafened <input type="checkbox"/> Help Scheme eligible <input type="checkbox"/> Carers/employ carers	<p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p> <p>Estimated number</p>	
Amount requested			
Please indicate what the grant will cover (eg. room hire, catering, transport, printing, mailing costs, etc)			

Mailings, Newsletters and other activity

Type of activity		Date (s)	
Estimated number of people to be directly reached		Estimated number of people to be indirectly reached	
<p>Target audience group -</p> <p>Please tick all groups that apply and where possible indicated the number of people in each group who will be reached via this activity.</p>	<input type="checkbox"/> Older people <input type="checkbox"/> People who are socially isolated <input type="checkbox"/> People with sensory, mobility, dexterity impairments <input type="checkbox"/> People who have experienced mental health conditions <input type="checkbox"/> People with English as a 2 nd language <input type="checkbox"/> People who have learning difficulties <input type="checkbox"/> Blind or partially sighted <input type="checkbox"/> Deaf/deafened <input type="checkbox"/> Help Scheme eligible <input type="checkbox"/> Carers/employ carers <input type="checkbox"/> Stakeholder	Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number Estimated number	
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