



## Charitable Foundation APPLICATION FORM

### Applying for a Project Grant through the Frenkel Topping Charitable Foundation

The Charitable Foundation was founded by Frenkel Topping in 2015. The Foundation exists to help individuals and their families achieve happiness and fulfilment after life-changing events, with a particular focus on assistance that supports mental as well as physical health and wellbeing.

The foundation's efforts are focused on enhancing life, after life-changing injury or illness for as many people as possible. For those left with a disability or cognitive behavioural needs, in particular those with a head or spinal injury, the Frenkel Topping Charitable Foundation aims to empower them to discover their strengths, protect them in their endeavours and support them in their achievements.

#### ***You are eligible to apply for support if:***

- You or a member of your family has suffered a severe personal injury, clinical negligence, illness, or severe medical condition as a result of one of the above
- You are a charity acting on behalf of families or individuals who have suffered severe personal injury, clinical negligence, illness or severe medical condition as a result of one of the above
- You are a school or organisation that works with individuals as above

#### ***The Charitable Foundation will consider requests for funding towards:***

- Equipment or mobility aids for individuals or schools/organisations supporting those who have suffered a severe personal injury, clinical negligence, illness, or severe medical condition as a result of one of the above
- Therapies (physio/speech, etc)
- Medical costs
- Prosthetics
- Respite days / breaks (for individuals and their families)
- Counselling for the individual or their family who are suffering from mental health issues following severe personal injury, clinical negligence, or illness
- Group events for schools or organisations supporting those who have severe medical conditions as a result of injury, illness or medical negligence

#### ***We are unable to consider applications if:***

- The individual is eligible for any compensation award
- The individual is financially able to support themselves, or their families are able to financially support them
- The individual is eligible for getting what they are asking for from the NHS (unless the NHS service or product is deemed to be unsuitable for the individual's requirements)

The trust prefers to donate funds within the UK, however any requests for funding outside the UK will be at the discretion of the Trustees as long as it meets the above criteria.

If you are planning a project to support a group that fits the eligibility criteria, please complete the below application form to apply for a grant through the Charitable Foundation.

Please note, if you are applying for funding to support an individual and/or their family, please complete the Individual application form which can be downloaded from our website.



# Project Grant Application Form

## OVERVIEW

Date of application (DD/MM/YYYY)	
Project title	
Name of the person making the application and contact details	Full name:
	Email:
	Phone:
	Address:
Are you part of or connected to a larger organisation such as a charity or school?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details including organisation name, website URL, registered address & registered number, VAT reg number (if applicable) ----- -----
If answering Yes to the above, please select the legal status of your organisation	Registered charity <input type="checkbox"/> Limited company <input type="checkbox"/> Social enterprise <input type="checkbox"/> Other <input type="checkbox"/>
If answering Yes to the above, please select the level at which your organisation operates	Locally <input type="checkbox"/> Regionally <input type="checkbox"/> Nationally <input type="checkbox"/> Internationally <input type="checkbox"/>

## FUNDING

Please outline how the funding will be used, including any expenses and dates where relevant. (Max 500 words)	If more space is required, please enclose an additional sheet of paper alongside this application form ----- ----- ----- ----- ----- -----
What is the total amount needed to fund the project?	£
Does the project support vulnerable adults or children?	Adults <input type="checkbox"/> Children <input type="checkbox"/> Both <input type="checkbox"/>
Who will be the target beneficiaries of the project?	



# Project Grant Application Form

## FUNDING Continued

How many people will benefit?							
What protection methods will be used during the project for working with vulnerable adults or children?	<p>-----</p> <p>-----</p>						
Does the project also support the families of those affected?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details</p> <p>-----</p>						
Project duration (e.g. one day)							
Project location							
What date is the funding needed by? (DD/MM/YYYY or "as soon as possible")							
What is the desired outcome of the project?	<p>-----</p>						
Can the outcome be measured?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail how you will receive feedback on project success, e.g word of mouth, Facebook, etc</p> <p>-----</p>						
Are you restricted from promoting your involvement with the Charitable Foundation?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details</p> <p>-----</p>						
Please provide contact details for 2 references for the project	<table border="0"> <tr> <td>Name: -----</td> <td>Name: -----</td> </tr> <tr> <td>Phone: -----</td> <td>Phone: -----</td> </tr> <tr> <td>Email: -----</td> <td>Email: -----</td> </tr> </table>	Name: -----	Name: -----	Phone: -----	Phone: -----	Email: -----	Email: -----
Name: -----	Name: -----						
Phone: -----	Phone: -----						
Email: -----	Email: -----						
Please provide contact details for 2 references for the organisation (if applicable)	<table border="0"> <tr> <td>Name: -----</td> <td>Name: -----</td> </tr> <tr> <td>Phone: -----</td> <td>Phone: -----</td> </tr> <tr> <td>Email: -----</td> <td>Email: -----</td> </tr> </table>	Name: -----	Name: -----	Phone: -----	Phone: -----	Email: -----	Email: -----
Name: -----	Name: -----						
Phone: -----	Phone: -----						
Email: -----	Email: -----						
Who will receive payment of funding?	Full Name: -----						



# Project Grant Application Form

## ELIGIBILITY

Are you or your organisation eligible for any compensation awards or NHS funding?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details <input type="text"/>
Have you received any funding from the Charitable Foundation in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could the project be funded without support from the Charitable Foundation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I / we consent to the processing of sensitive personal data as far as it is necessary for the services I / we require from Frenkel Topping Charitable Foundation

From time to time, we may wish to contact you to offer additional products or services which may be of interest to you. In order to do this, we require your consent by agreeing to one or all of the options

I / we consent to be contacted for marketing purposes by:

Email
  Telephone
  Text message
  Post

### Please complete if applicable:

I confirm that  (name of child)

is below the age of 16 years old and I as their parent/guardian am consenting on their behalf that Frenkel Topping Charitable Foundation can process personal data relating to them: Please note that you may withdraw this consent at any time by notifying us at our main business address.

### Please note:

Applications will only be considered upon completion and submission of the above form. Further information may be required in considering your application.

All successful applicants will be contacted directly, using the details provided in the form, however, due to the large number of applications we receive it will not be possible to inform all applicants who are unsuccessful.

Please note that the Trustee Board will follow a robust and transparent assessment process and their decision is final. Therefore, it is important that all applicants provide up-to-date and relevant information regarding their project, why they wish to be awarded the grant, what they will do with the funding received and how it will benefit recipients in the future.

- Please tick this box to confirm you have read and acknowledged the above information.
- Please tick this box if you are happy for Frenkel Topping Limited to contact you to discuss using your information for marketing purposes, such as to feature on the website, in newsletters, or across social media.

Signature of person making application:



**PLEASE SEND YOUR APPLICATION TO:**

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**Norma Fraser**  
Charity Manager

**[norma.fraser@frenkeltopping.co.uk](mailto:norma.fraser@frenkeltopping.co.uk)**

c/o Frenkel Topping Limited  
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A large area of the page is filled with horizontal dashed lines, intended for the applicant to write their application.

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