May 2020 **Women's Resilience Fund** Application Form





The form should be completed as part of the assessment process for each application.

Applicant Unique Identifier (number)

Eligibility Criteria

1. Which of the four aims will the grant support?	
The grant would support the individual' s financial stability and relief of hardship	Yes
The grant would support the individual's employment pathways	Yes
The grant would support the individual's housing needs	Yes
The grant would support the individual's mental heath and well-being	Yes

2. To be eligible for a grant a woman must meet the following criteria and answer Yes for all:			
Be aged 18 or above	Yes	No	
Has the right to reside and is living in the UK including NRPF	Yes	No	
Is in receipt of all benefits entitled to, (including migrating onto Universal Credit) or has an income below the Minimum Income Standard threshold	Yes	No	
Has savings under £4,000	Yes	No	
Has debts under £10,000	Yes	No	
2.1 Women are excluded from applying if any of the following describes their situation:			
A student (studying 16 hours a week or more)			
Living in a residential or nursing home			
Can you confirm the Applicant is none of 2.1 above?	Yes	No	
(!) See Grant-Making Policy and Criteria for full eligibility			
Notes			
I confirm the Applicant meets the eligibility	Yes	No	

3. If Applicant is in receipt of benefits and working or solely working, fill in calculation spr (] See Grant-Making Policy and Criteria for how to calculate income for women who are living w	
3.1 Income threshold eligibility 3.2 Is the Applicant be From the calculation spreadsheet, provide the following: Yes No Disposable income amount f	elow the threshold?
4. What documentation has been provided to evidence the eligibilty criteria? See page 11 for guidance on checking evidence. You do not need to keep copies	
One month's recent bank statement from main current account in Applicant's name	Yes No
Copy of benefits letter(s) showing all entitlements If working, copy of one month or three weeks wage slips or as evidenced on Universal Credit statement	Yes No
In line with the Grant-Making Policy, if the grant is being awarded in a crisis/emergency situation, and other such cases where where all the above evidence cannot be provided, Support Worker confirms Applicant satisfactorily evidences their eligibility	Yes
I confirm that the Applicant has provided satisfactory documentation to evidence their eligibility, that this has been reviewed and that they are eligible for a grant	Yes No
Notes	

5. Grant purpose

What will the grant be used for?

5.1 Please provide more detail on how the grant will meet the aims of the Fund:		
5.2 Grant amount £		
The Applicant qualifies for a grant from the Trust	Yes No	
6. Is there any conflict of interest to be noted in relation to the application? If yes, please give details and explain how this has been managed	Yes No	
7. Declarations		
7.1 Applicant I declare that to the best of my knowledge and belief that all of the information correct and I wish to apply for this grant. Name		
Signature	Date	
7.2 Applicant I give permission for my information to be shared with representatives of CoLab Trust for data purposes. Name		
Signature		
73 Support Worker		
7.3 Support Worker I confirm the Applicant is eligible and I recommend a grant as detailed above.		
Name		
Signature		

Women's Resilience Fund Payment Form - Grant approval process





The form should be completed as part of the assessment process for each application and should always be accompanied by a copy of the Applicant's bank statement showing their details

Applicant name			
Applicant Unique Identifier (number))		
Grant amount £			
Grant purpose			
Grant payment method (complete			
Please consider that whilst whereve chosen should always be the most a		s should be paid direct to the Applicant's bank (r each individual.	account, the method
· · · ·			
A) Direct to Applicant		Direct to Applicant's bank account or building society	
		,	
		Cheque	
		Cash	
If being made by methods, B, C	C or D, receipts a	ind invoices must be kept	
B) By voucher			
C) Direct purchase of goods			
D) Direct to external organisatio	n		

This section should be filled in if payments are made direct to Applicant's bank account or building society.

Please note the account should be one with instant access i.e. a current account with a bank or an ordinary share account with a building society. Payments cannot be made to a National Savings Bank account (sometimes called a Post Office Savings Bank account) or the new Post Office Card account which is used for the payment of pensions and benefits. If in doubt, please ask the bank or building society if payments can be made into the account by BACS.

Payments will only be made to an account in the Applicant's name - we cannot make them to a joint account or an account in the name of a friend or family member. In order for the payment to be made, please provide the following details.

Name of account holder:			
Name of Bank, or Building Society			
Account Number			
Sort code			
Reference Number (If required			
If any details are changed on this documents and signed again.	form at any time then all deta	ils must be	checked against the original
Payment details entered by Suppor	t Worker		
			Date
Senior staff member check and aut	horise for processing (Plea	se tick box	and sign once completed)
Application form completed			
Grant amount recommended is wit	hin grant bandings		
Bank details of Applicant checked	and match Payment Form		
I confirm that this grant should be p	processed for payment		
I confirm that the Applicant's docur has been checked and verified	mentation		
			Date
Finance staff member enters payment for processing and check (Please tick relevant box and sign once completed)			
I confirm that the payment details the bank statement and the payme financial systems to be processed			
I confirm method B, C or D is being has been entered for processing	used and the payment		
			Date