



## Digital Technology Fund Application

### Section One - Primary Applicant Details

**Name:**

**Surname:**

**Organisation:**

**Phone (work):**

**Email (work):**

**Address:**



## Section Two – Organisational Contact Details

|  |  |
|--|--|
| <b>Name of Organisation:</b>   |  |
| <b>Phone (work):</b>   |  |
| <b>Email (work):</b>   |  |
| <b>Website (work):</b>   |  |
| <b>Address:</b>  |  |
| <b>Are you a registered company?</b>   |  |
| <b>Registered company number:</b>  |  |
| <b>Type of Organisation:</b>   |  |
| <b>Does your Organisation have a written equality policy or statement?</b>   |  |
| <b>Does your Organisation have a written health and safety policy?</b>   |  |
| <b>Are there any Council Officers who are familiar with the work of your Organisation? (This is to allow for any potential conflict of interest to be identified):</b>       |  |
| <b>Are there any Councilors who are familiar with the work of your Organisation? (This is to allow for any potential conflict of interest to be identified):</b>             |  |
| <b>Does your Organisation have a written safeguarding policy?</b>  |  |
| <b>Has your Organisation or any of its officers and members of the management committee (or equivalent) ever been convicted of an offence and/or been declared bankrupt?</b> |  |



## Section Three – Details of activities for which funding is being requested

Please identify below how the product will support your home:

Please enter the postcode where the product(s) will be used:

| Please indicate whether there will be beneficiaries through your project for any of the following groups |        |         |
|--|--------|---------|
| Group  | Yes/No | Details |
| Age Group  |        |         |
| Disabled   |        |         |



## Section Four – Timescales

Project implementations will be planned to ensure appropriate support to Home but may be impacted by the current situation.

Please confirm your commitment to implement within six months of any planned start date would be required.

| Yes | No | If no, please state why |
|-----|----|-------------------------|
|     |    |                         |



## **Section Five – Financial Information**

Your maximum allocation will be based on size/number of beds.

You may choose to purchase any Digital Social Care Record system from the NHS assured supplier list, please see appendix 1, but this is the maximum funding available.

| No. of beds | Maximum grant available (£) | Mark to indicate No. of beds |
|-------------|-----------------------------|------------------------------|
| 0-20        | £11,370                     |                              |
| 21-30       | £14,925                     |                              |
| 31-40       | £17,735                     |                              |
| 41-50       | £21,295                     |                              |
| 51-60       | £25,100                     |                              |
| 61-70       | £29,285                     |                              |
| 71-80       | £32,093                     |                              |

Please enter the amount you wish to apply for in accordance with your quotation:

**Please email a copy of your supplier quotation with your application**

Have you received state aid of more than £175,548.00 over the last three fiscal years? (please note this does not include fees)

|     |  |
|-----|--|
| Yes |  |
| No  |  |



## **Section 6 - Declaration**

**Please print this document, sign the below declaration before emailing the application:**

In dating and signing this document and submitting it you confirm that, to the best of your knowledge, the information provided in this application is correct and you confirm that any grant awarded will be used exclusively for the purposes described.

**Please note that this declaration form should be signed by at least one appropriately authorised person (e.g. the Chair of the management committee, or equivalent) and that where your organisation is a registered charity, at least one of the signatories should be a trustee of that charity.**

**Signed**

**Position in Organisation**

**Date**

**Signed**

**Position in Organisation**

**Date**

**Please note that if your application is successful, an original signed copy of this declaration may be required for audit purposes.**

Should you have any questions, please contact the DREaMS Team –  
[dreamsteam@eastriding.gov.uk](mailto:dreamsteam@eastriding.gov.uk)