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FIRST BANK OF NIGERIA PLC,

ACCOUNT No. =2000248217

NAME OF ACCOUNT: OMIYE MFB LTD. (IFO: AGED HEART CARE FOUNDATION, ACCOUNT NO:1100000023)

We shall appreciate your donations both in cash and kind.

# **CHARITY SHOP**

In order to broaden the financial resources of the NGO, Chief (Mrs) Folake Ogunleye (The Eyetu of Ilupeju-Ekiti) and the wife of the Founder has initiated the Charity Shop concept for receiving donations in kind for the scheme.

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For this purpose, Shop No. 19, at Menara Modern Market, Ilupeju-Ekiti was opened in March 2017 where such items are resold at very low prices.



Contact Phones: 08034475581; 08060885894; 07062378780; 0803686436 e-mail: agedheartcare@gmail.com

#### PART ONE: (FOR THE APPLICANT)

1.FULL NA	MES:
	(Surname First)
2.	DATE OF BIRTH:AGE:
3.	PERMANENT ADDRESS OF APPLICANT:
	DISTRICT NAME:
4.	BRIEF BACKGROUND OF APPLICANT:
5.	NUMBER OF CHILDREN OF APPLICANT:
6.	FULL NAMES OF DISTRICT HEAD OF APPLICANT:
	SIGNATURE / THUMB PRINT OF APPLICANT
	DATE:

#### PART TWO: (TO BE COMPLETED BY TWO REFEREES)

Two Prominent NAMES within the District of Applicant to testify to the correctness of the Information supplied by Applicant. One of them MUST be a recognized Chief and not below the age of Fifty (50) Years

i)	FULL NAMES OF 1ST REFEREE:	
1)	FULL NAIMES OF 131 REFEREE	
ii)	CONTACT ADDRESS:	
iii)	STATUS:	
iv)	ACTIVE PHONE NUMBER(s):	
	AGE	
	SIGNATURE:DATE:	
i)	FULL NAMES OF 1ST REFEREE:	
ŕ		
ii)	CONTACT ADDRESS:	
iii)	STATUS:	
iv)	ACTIVE PHONE NUMBER(s):	
	SIGNATURE: DATE:	
	SIGNATURE	
i)	FULL NAMES OF 1ST REFEREE:	
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iii)	STATUS:	
iv)	ACTIVE PHONE NUMBER(s):	
	AGE	
	SIGNATURE:DATE:	

'	sently residing
	should replace Late PA
	A,, a, Beneficiary, who died recently.
SIGNATU	RE / THUMB PRINT OF DATE  DISTRICT HEAD
PART TH	REE: (TO BE COMPLETED BY THE OFFICE)
1. i)	FULL NAMES OF APPLICANT:
ii)	CONTACT ADDRESS OF APPLICANT:
ii	i) a) NAMES OF REFEREE:
b)	STATUS:NAMES OF REFEREE:
iv)	STATUS: FULL NAMES OF DISTRICT HEAD:
After visi the App Informat Board	ARY'S RECOMMENDATION TO THE BOARD) ts to District Area to verify the correctness of Information supplied by licant, the Two Referees and District Head, I confirm that all the cion given by all parties were correct. I therefore recommend to the of Trustees that the new Beneficiary: PA/MADAM
of N500.00	(FIVE HUNDRED NAIRA ONLY) as Monthly Allowance, effective from
SIGNATU	RE:DATE:
PART FO	UR: (TO BE COMPLETED BY THE BOARD OF TRUSTEES)

SECRETARY SIGNATURE:..

ALHAJI (PRINCE) R. O. AMUSA SIGNATURE:..

MR. ISAAC 'YEMI OGUNLEYE SIGNATURE:..

# AGED HEART CARE FOUNDATION ILUPEJU-EKITI







#### **Contact Address**

Suit 16 IDA Shopping Complex Opp. Apeju Palace Exp. Road, P.O. Box 74, Ilupeju-Ekit **Tel:** 08034475581, 08060885894, 07062378780, 08036864361 **e-mail:** agedheartcare@gmail.com

#### BACKGROUND

he Aged Heart Care Foundation (AHCF) was established in May 2008 as a vehicle to address the challenges of ageing within Ilupeju-Ekiti community. Ageing is a natural phenomenon and its occurrence should not be regarded as disease. The creation of the NGO therefore provides a means of creating succor for the Aged within the community.

Hitherto. most Aged people eventually becomes lonely on account of their children having grown up and relocated to other places and therefore would not have direct physical contact with their Aged people. As a result, the Aged are therefore exposed to all vagaries of difficulties accentuated by lack of social amenities and support by governments. An action therefore becomes necessary that would assist in the sustenance of Old people.

## BENEFICIARIES

Findings have shown that there is a high population of Aged people in our society; but with particular reference to rural areas. Therefore effort like this can only be an attempt to ameliorate the sufferings of the people affected.

In Ilupeju-Ekiti community in particular, efforts have been made to reach out on a fair basis to spread the meager resources as much as possible. The NGO has therefore taken advantage of the establishment of Districts at Ilupeju-Ekiti across

the existing thirteen (13) districts.

The desire to determine the most qualified persons were based specifically on age; therefore three (3) Oldest Persons (male or female) from each of the thirteen (13) Districts within Ilupeju-Ekiti, in Oye Local Government Area of Ekiti State are carefully selected to enjoy the monthly stipend of N500.00 (five hundred naira only) per person. The facility had been extended to Itapa and Osin Ekiti respectfully in December 2016 with two (2) Aged people representing each of the towns Oye Local Government Area of Ekiti State. By December 2016, only six (6) of the pioneer beneficiaries out of thirty-nine (39) remained alive. Because of the qualifying advanced age of beneficiaries (from average of 70 years and above) incidences of death is quite familiar, and the system adopted makes it easier to replace through substitution by the next oldest person from the District affected. In all, a total of one hundred (100) beneficiaries had benefitted todate under the scheme.

#### COVERAGE

Now in its 9th year of operations, AHCF have been making consistent efforts to ensure prompt payment of monthly stipend to all registered beneficiaries. By the natural occurrence, registered beneficiaries are replaced on account of death. Initially, the scheme was targeted at Old People in Ilupeju-Ekiti community which started with only thirty-nine (39) beneficiaries and payment of stipend on monthly basis. Due to

closeness and interactive communiality between Ilupeju-Ekiti and its neighboring towns and villages, the scheme has gained popularity and desire for inclusiveness. By December 2016, the scope had to be enlarged to accommodate beneficiaries from Itapa and Osin Ekiti. Hence the coverage has been extended to forty-two (42) beneficiaries for monthly stipend within the three (3) communities (Ilupeju, Itapa and Osin Ekiti).

#### **ACTIVITIES**

- a) Routine visits are made at least once a month to each beneficiary, especially to deliver cash stipends, and other gifts and to monitor their respective health situation.
- b) As part of welfare for beneficiaries, AHCF provides avenues for meetings and get-together for the beneficiaries as a means of socialization an opportunity they seldom have. It was also discovered that due to old age their movements are restricted and therefore unable to interact with each other, even during festivals, social and cultural events which they cherish.
- Some of them are unable or incapable to meet for upwards of ten (10) years even though they live within an average of 1KM from each other.
- c) Events like the Annual "Arugbo Day" held at Christmas every year since inception to date, continuously offered re-union opportunities for them to share reminiscences. This had proved to be very healthy and therapeutic for them.

d) On occasions like in (b) and (c) above, medical teams are at hand to conduct tests and offer useful medical advice and procedures.

#### **ADMINISTRATION**

The AHCF is administered by a Board of Trustees comprising of the following notable citizens of Ilupeju-Ekiti:

- 1) Rev'd Dele Bamidele Chairman (May 2008-Dec.2013) Deceased
- 2) Mr. Gabriel Femi Daramola Chairman (Dec. 2013 to date)
- 3) Hon. Alfred A. Olokan Secretary
- 4) Alhaji Rasaq O. Amusa Member
- 5) Mr. Isaac Ogunleye Member (April 2014 – to date)

The NGO was registered with Corporate Affairs Commission (CAC) with Registration No: CAC/IT/NO. 54439 DATED 12TH JULY, 2012. It maintains a registered office at Shop 16, IDA Shopping Complex, Opposite Oba Apeju's Palace, Ilupeju-Ekiti, Oye Local Government Area, Ekiti State.

# **FUTURE PLANS/EXPECTATION**

The current level of stipends and other benefits to the registered beneficiaries are considered very low, considering the inflationary trend and needs of Old People. It is our desire to widen the funding base for the scheme away from a single source financing.











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	5:
	/
	MBER(s):
	AGE
SIGNATURE:	DATE:
FILL NAMES OF 10	T DEFEDEE.
FULL NAMES OF IS	T REFEREE:
CONTACT ADDRESS	<u>;</u>
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FULL NAMES OF 15	T REFEREE:
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	MBER(s):
	AGE
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		ently residing
		should replace Late PA
		,
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	NATUR	E / THUMB PRINT OF DATE  DATE
PAR	T THR	EE: (TO BE COMPLETED BY THE OFFICE)
1.	i)	FULL NAMES OF APPLICANT:
	ii)	CONTACT ADDRESS OF APPLICANT:
	;;;)	a) NAMES OF REFEREE:
	111)	d) NAIVIES OF REFEREE
		STATUS:
	b)	NAMES OF REFEREE:
		STATUS:
		FILL NAMES OF DISTRICT LIEAD.
	iv)	
Afte the Info B o a	CRETA r visits Applio rmatio	RY'S RECOMMENDATION TO THE BOARD)  Is to District Area to verify the correctness of Information supplied becant, the Two Referees and District Head, I confirm that all the program of the
Afte the Info Boa 	CRETA er visits Applio ermation	RY'S RECOMMENDATION TO THE BOARD) s to District Area to verify the correctness of Information supplied b cant, the Two Referees and District Head, I confirm that all th on given by all parties were correct. I therefore recommend to th
Afte the Info Boa  of N50	CRETA er visits Applio ermatio a r d co	RY'S RECOMMENDATION TO THE BOARD)  s to District Area to verify the correctness of Information supplied becant, the Two Referees and District Head, I confirm that all the program of the property of the payment of Trustees that the new Beneficiary: PA/MADA/MADA/MADA/MADA/MADA/MADA/MADA/MA
Afte the Info B o a  N50 	CRETA er visits Applio ermatio a r d co	RY'S RECOMMENDATION TO THE BOARD)  Is to District Area to verify the correctness of Information supplied becant, the Two Referees and District Head, I confirm that all the on given by all parties were correct. I therefore recommend to the DIF Trustees that the new Beneficiary: PA/MADA/MADA/MADA/MADA/MADA/MADA/MADA/MA



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