

Frimley Health Charity Funding Application Form

# Section A- General Information

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| **Applicant Name:** |
| **Job title:** |
| **Email:** |
| **Telephone number:** |
| **Clinical Directorate:** |
| **Ward/Area:** |
| **Supporting Nurse Director/Matron:** |
| **Date:** |

# Section B – Funding Category

Please tick the type of expenditure you are seeking (please select all that apply)

Improving Patient Experience: ☐

Pioneering Research Technology: ☐

Supporting Health Education: ☐

Supporting Wellbeing: ☐

Equality & Inclusion: ☐

Other (Please give details): ☐

# Section C - The Project

Please tell us more about your project. Your description should include what the need is for the project

and how you identified it, the problem you are trying to solve or the enhancement you are trying to make.

# Section D - Additionality

How is this request not considered core NHS provision? Please explain why the NHS or FHFT Trust will not fund this.

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# Section E – Monitor & Evaluate

Monitoring and evaluation are important for our donors and fundraisers. Tell us how you will know your project has been successful, how you will gather feedback from beneficiaries and what opportunities there will be to share learnings.

# Section F - Impact of Funding

Please explain what you hope to happen with the outcome of this funding. In effect, we are looking for a simple explanation of what this funding will achieve – i.e., you buy a piece of kit, or change a way of doing something, but what will be the difference to your beneficiaries?

# Section G - Timeframes

Please provide an estimated start and end date. For example, this might be when you plan to purchase and implement a piece of equipment, the start and end date of a pilot project or the appointment of a staff member.

# Section H - Costs

How much funding do you need? Please itemise each individual cost, include VAT. Please ensure your costings are as accurate as possible.

# Section I - Raising Awareness

Please specify how you will help raise awareness of the charity’s support of your idea if it is supported? (e.g., plaque/sticker/a media release for the website/ case study)

# All completed applications to be returned to: fhft.fundraising@nhs.net

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**Appendix: Terms & Conditions for use of Charitable Funds**

\* All expenditure must be in accordance with the objects and purpose of the Charity Patient welfare/comforts/hospitality/education

Staff welfare/training/education/hospitality

Fundraising expenses Research & development

Medical & surgical equipment (not provided by the NHS as part of its core business)

* All expenditure must be signed for by the authorised fund manager
* All expenditure must be supported by receipts or other documents covering the full cost.
* Petty cash may be used to reimburse claims up to £50.00. Any value over £50.00 to be reimbursed by cheque/BACS.
* Charitable Funds may not be used to pay for individual gifts such as Christmas, birthday and leaving gifts. There may be a potential tax consequence for the individual concerned.
* The purchase of alcohol is not permitted.
* Authorised Signatory Limits:

Expenditure Authorisation Limits (i.e. authority to disburse charitable funds already raised)

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| Up to £10,000 | Fund manager/Finance department (minimum of 2 signatories required, 1 of which must be a designated fund holder.The fund manager must be made aware of all expenditure priorto such expenditure being incurred). |
| Up to £25,000 | Director of Operational Finance, Frimley Health Charity Director |
| £25,001 to £100,000 | Director of Finance and Director of Communications and Engagement |
| £100,001 to £500,000 | Charitable Fund Committee |
| £500,001 + | Corporate Trustee |