**Frimley Health Charity**

**Grant Application Form**

**Please note that grant applications will only be considered where they have been authorised and where evidence to support costs has been attached. Incomplete applications may not be processed and will cause a delay to a funding decision.**

**PLEASE NOTE THAT THE CHARITY CANNOT FUND ANYTHING THAT HAS ALREADY BEEN PURCHASED/ORDERED/TAKEN PLACE.**

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| **Section A: Project Support** *This section MUST be completed in full. If not, your application may not be considered and will be returned to you.* |
| **Date of Application** |  |
| **Total Amount Requested** |  |
| **Hospital and Directorate** |  |
| **Specialty/Area**  |  |
| **Project Title** |  |
| **Funding Principle:** *Please indicate under which Funding Principle your project comes under – please tick the one that seems the most relevant.* |
| [ ]  **Improving Patient Experience** |
| [ ]  **Pioneering Research & Technology** |
| [ ]  **Supporting Health Education** |
| [ ]  **Equality, Diversity & Inclusion** |
| [ ]  **Supporting Wellbeing** |
| **Grant Applicant Contact Details:** *Please ensure that your details are correct so that we can contact you.* |
| **Name** |  |
| **Position/Job Role** |  |
| **Email Address** |  |
| **Phone Number** |  |
| **Line Manager Details:** *Please ensure that you have received support for this application from your line manager.*  |
| **Name** |  |
| **Position/Job Role**  |  |
| **Email Address** |  |
| **Phone Number** |  |

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| **Section B: Project Description***This section is for you to tell us more about your proposal.*  |
| **What is the project?** *Please describe what the funding will be used for* |
| **Why is the project/funding needed?** *Please explain what the need is for the project or what problem this funding will solve and how you have identified the need.*  |
| **Project Plan?** *Explain how you plan to deliver this project including timescales for completion. Please include an approximate start date and end date.* |
| **What risks have been identified?**  *Please describe any potential risks and how these will be mitigated.* |

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| **Section C: Impact of the Project/Funding***This section is for you to describe the impact that this funding/project will have.* |
| **Intended Outcomes:** *Please detail at least one intended outcome from this funding. This may include reduced waiting lists, enhanced experience for patients, less stress on staff, etc.*  |
| **Outcome 1.** *What method will you use to measure the impact of this outcome?* |
| **Outcome 2.** *What method will you use to measure the impact of this outcome?* |
| **Outcome 3.** *What method will you use to measure the impact of this outcome?* |
| **Who will be the main beneficiaries of this project/funding?** *Please explain who will predominantly benefit from this project and how the funding will make a difference.* |
| **Will this funding benefit anyone else and if so, how?** *Describe if anyone as well as the main beneficiaries will also benefit from this funding and how it will make a difference.* |
| **How many people will benefit from the project/funding?** *Please give the numbers of those benefiting from this project below.* |
| **Main Beneficiaries** |  |
| **Secondary Beneficiaries** |  |

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| **Section D: Additionality***This section is for you to explain how this project is not core NHS provision* |
| **How is this project NOT considered core NHS provision?** Please explain why this project will not be funded by the NHS or Frimley Health NHS Foundation Trust:  |

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| **Section E: Project Sustainability***This section is for you to explain how (if applicable) the project/role will continue to be funded. If a refurbishment project, how long this will last, etc.* |
| **If the role/project is approved and is to continue once this funding has ended, please explain how it will continue to be funded once the grant from Frimley Health Charity ends.** |
| **Section F: Publicity***It is important for the charity to publicise the grants we make to inspire people to donate funds to enable us to continue funding projects. We understand the need for sensitivity and confidentiality and will be mindful when seeking publicity. Please tick the relevant box* |
| **Will you be happy to work with the charity to publicise the project/funding?**[ ]  **Yes**[ ]  **No** |
| **Can the project/item feature Frimley Health Charity logo branding?**[ ]  **Yes**[ ]  **No** |

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| **Section G: Project Costs** *To be completed for equipment including uniform-related requests, furniture, refurbishment works or salaries* |
| Please provide a breakdown of the costs associated with this application. **You *must* attach evidence to support these** (this could take the form of a quote or screenshot of available options).* If the equipment will be used in research, diagnosis, training or treatment, we can claim **VAT exemption**. Please specify VAT amount.
* Requests over **£25,000** require sign-off from the Directorate Director (see below\*). Frimley Health Charity will only pay initial costs, all ongoing costs for maintenance must be agreed by ticking the box below.
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| **Item: e.g., equipment, furniture, refurbishment costs, salary** | **Amount** |
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| **Vat Included?** |  |
| **Total Amount** |  |

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| **\*For Requests over £25,000:** |
| The Directorate agrees to support any ongoing costs for maintenance, support, or licencing:[ ]  **Yes** [ ]  **No** |
| **Directorate Director Name:** |  |
| **Email Address:** |  |
| **Signature:** |  |
| **Date:** |  |

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