

APPLICATION FOR GRANTS

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| **1. DETAILS OF GRANT APPLICANT** (This is the person to whom all correspondence will be addressed)Name Job title DepartmentTelephone number:Email: |
| **2. TOTAL GRANT REQUESTED (monetary amount)** |
| **3. WHICH FUND IS THE GRANT TO COME FROM? (If not known, please put “fundraising”)** |
| **4. WHAT IS THE GRANT FOR?****(Please tell us the exact make and model of any equipment required, please give a breakdown of costs, and please include a quote on headed notepaper from the supplier you want to use. Please note – we can’t process any orders without a quote on headed notepaper.)** |
| **5. WHAT IS THE BENEFIT TO PATIENTS?** **(It is a requirement of charitable funding that any application has a direct or indirect benefit to patients of UHBFT)** |
| **6. WHAT IS THE BENEFIT TO THE NHS?** **(Both for UHBFT and for the NHS generally)** |
| **7. WHY CAN'T THE NHS FUND THIS REQUEST?** **(It is a requirement of charitable funding that NHS funds are not otherwise available. It is not acceptable to simply state “The NHS has no funds”. We want to understand how the NHS can meet it’s statutory requirements without the funding from the charity)** |
| **8. WHAT WILL HAPPEN AFTER THE GRANT FUNDING FINISHES?****Will there need to be future funding from the NHS – e.g. a member of staff being appointed by the NHS, or a procedure that will need ongoing costs of consumables funded by the NHS.****If so, what does the grant need to prove in order for the NHS to take on the funding, and who in the Trust have you spoken to about this?** |
| **9. ARE THERE ANY INTELLECTUAL PROPERTY POTENTIAL RIGHTS THAT COULD COME OUT OF THIS GRANT? IF SO, PLEASE EXPLAIN HOW THE CHARITY WILL BE RECOGNISED.** **(This is only likely for research grant applications or new inventions. If this does not apply to your application please state that below)** |
| **10. ARE YOU APPLYING TO ANY OTHER SOURCES OF FUNDING FOR THIS PROJECT? IF SO, PLEASE GIVE DETAILS BELOW.** |
| **11. ARE THERE ANY OTHER SOURCES OF FUNDING YOU COULD APPLY FOR? THE CHARITY MAY BE ABLE TO CONSIDER MATCHED FUNDING OF A PROJECT IF IT CAN’T AWARD A GRANT FOR THE TOTAL AMOUNT** |
| **12. HAVE YOU CONSIDERED WHETHER THIS PROJECT WILL ADDRESS HEALTH INEQUALITIES? IF SO, PLEASE GIVE DETAILS BELOW****(Please put n/a if your project does not address any health inequalities)** |
| **13. HOW WILL THE CHARITY BE RECOGNISED FOR ITS SUPPORT? (Please detail the opportunities for case studies, PR, naming rights, etc)** |
| **14. WHAT HAVE YOU DONE / WHAT CAN YOU DO IN ORDER TO HELP FUNDRAISE FOR THE CHARITY IN SUPPORT OF THIS REQUEST? Some charitable requests can be granted straightaway, some require additional fundraising. Your support helps us increase the number of grants we can approve** |
| **15. PLEASE NAME A SPECIFIC INDIVIDUAL WITHIN YOUR TEAM (IT CAN BE YOU) WHO WILL BE PREPARED TO SPEAK TO PROSPECTIVE DONORS AND FUNDRAISERS AND HELP THE FUNDRAISING TEAM PREPARE VIDEOS EXPLAINING THE PROJECT.****Please also give their contact details.** |
| **16. SUPPORT WITHIN UHBFT** **The hospital charity gifts equipment to UHBFT but does not provide support for ongoing maintenance or support costs. Applicants should ensure that their Divisional Finance Manager and Divisional Director of Operations are aware of, and supportive of, any grant application including any ongoing costs that will be the responsibility of UHBFT. Grants for work carried out at the University of Birmingham still need a signature from the relevant UHBFT Divisional Director of Operations but should be signed by a University of Birmingham Finance Manager. Applications over £10,000 that involve Estates work also need the signature of the Head of Estates (Mike Taylor).Applications over £50,000 also need the signature of the UHBFT Chief Finance Officer (Julian Miller).** |
| Applicant:I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete. Name:Signed: Date: |
| Divisional Finance Manager:I confirm that I have checked the financial details of this application and that UHBFT/University of Birmingham (delete as applicable) is prepared to meet any additional ongoing costs associated with the grant.Name:Signed: Date: |
| Divisional Director of Operations:I confirm that I have read this application and that the Division supports the grant and will allow it to be accommodated within the Division. I confirm that this application meets the priorities of the Trust and would be a preferred use of charitable funds.Name:Signed: Date: |
| **FOR GRANT APPLICATIONS OVER £10,000 THAT INVOLVE ESTATES WORK**UHBFT Head of Estates (Mike Taylor)I confirm that I have read this application and that UHBFT Estates supports the grant and will allow it to be accommodated within the Trust. I confirm that this application meets the priorities of the Trust and would be a preferred use of charitable funds.Name:Signed: Date: |
| **FOR GRANT APPLICATIONS OVER £50,000**UHBFT Chief Finance Officer (Julian Miller)I confirm that I have read this application and that UHBFT supports the grant and will allow it to be accommodated within the Trust. I confirm that this application meets the priorities of the Trust and would be a preferred use of charitable funds.Name:Signed: Date: |

Please return this form by email to charities@uhb.nhs.uk or by post to Mike Hammond, Charity Chief Executive, UHB Charity, Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN.

If you have any queries relating to the grant application process please feel free to contact the Grant Team on 0121 371 4852 or charities@uhb.nhs.uk

Version 2023.02