**Newcastle Hospitals Charity (Charity Reg. No. 1057213)**

**Funding Application Form for main grants (over £5,000)**

**Applications will be reviewed on a quarterly basis**

**1 APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Directorate:** |  |
| **Hospital site:** |  |
| **Contact Details (email/tel no):** |  |
| **Signature:** |  |
| **Date:** |  |
| **Comments:** |  |

|  |  |
| --- | --- |
| **Name/number of the fund\* you are applying to**:  (If known - alternatively the charity can advise). |  |

**\*Please note: many funds within the Charity have a dedicated Fund contact so please discuss with your Clinical Director/Directorate Manager to check whether this is the case.**

|  |  |
| --- | --- |
| **To ensure this request fits within clinical/department plans please provide the name and signatures to confirm co-approval of the Fund Adviser AND Clinical Director/Directorate Manager.** | |
| **Name:** |  |
| **Job Title:** |  |
| **Directorate:** |  |
| **Department:** |  |
| **Email:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Comments:** | e.g. “Fully Support” |
| **Name:** |  |
| **Clinical/Directorate Manager or equivalent:** |  |
| **Directorate:** |  |
| **Department:** |  |
| **Email:** |  |
| **Signature:** |  |
| **Date:** |  |
| **Comments:** | e.g. “Fully Support” |

**2 PROJECT OUTLINE**

|  |  |
| --- | --- |
| **Title of your project:** |  |
| **Short summary of project/item/idea (please summarise in less than 300 words):** |  |

**3 PROJECT AIMS AND OUTCOMES**

|  |
| --- |
| **Please outline the aims and intended outcomes of your proposal, in less than 500 words. Consider:**   * The current opportunity/issue, and how/what will be improved by this funding? * What particular expertise do we have that will deliver this? * What will the funding be used for and how has this been costed (Note: Staff costs must be confirmed via HR)? |
|  |

**4 PROJECT IMPACT**

|  |
| --- |
| **Please describe the people/area/service that will benefit from your project e.g. how many staff/patients/carers/families of patients; how many each year etc.** |
|  |

**5 TIMESCALES**

|  |
| --- |
| **Please outline the start and end date (if applicable) of the project/initiative** |
| 1. **What is the expected lifetime for this project?** 2. **How long will it take to start the initiative to be funded (e.g. recruit, deliver, order, receive, install)?** 3. **It is best charitable practice to avoid a situation where funding is approved but then there are long delays to the project and spend actually taking place – what assurance can you give that the timeline above is feasible? This includes assurance that any other requirements such as appropriate staffing, available space, etc. are also in place.**   Please note: there is an expectation that funding will be drawn down no later than 12 months after it is approved. Where funding is not drawn down within this timescale the Charity may withdraw the offer of funding and you may need to re-apply if the funding is still required at a later date. |

**6 FUNDRAISING AND ASSOCIATED COSTS**

|  |
| --- |
| **(a) Has any fundraising taken place specifically for the project? Please outline details if so:** |
|  |

|  |
| --- |
| **(b) Please indicate what you are applying for funding for (please select all that apply).** |
| *NOTE: Once approved, items with a value of more than £5,000 require Capital Requisition Approval from the proposal Sponsor and the Assistant Director of Finance as per the* [*Scheme of Delegation*](https://my.esr.nhs.uk/OA_HTML/OA.jsp?event_id=%7B!!b5jQQIVK9BNHhb-Pp1Kh7Q%7D&ShowToolbar=Y&lo_id=-1&page=/oracle/apps/ota/player/webui/PlayerMainRN&addBreadCrumb=S&_ti=117344802&oapc=19&oas=L34n0lssP49gXxBf5D7ieQ..http://nuth-intranet/apps//policies/CorporateGov/SchemeofDelegation202005.pdf)*.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Equipment* |  |  | *Post (s)* |  | | *Capital work/improvements* |  |  | *Project/programme delivery costs* |  | | *Match funding* |  |  | *Other (please give details)* |  | |
| **Other (please give details):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(c) Please tell us how much funding you are applying for:**  *NOTE – Please give a breakdown of costs, providing details of the make/model of any equipment. Please include all available quotations.* | | | | |
| **Item(s)** | **Supplier** | **Quantity** | **Cost £ (ex VAT)** | **Cost £ (incl VAT)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Posts [all costings relating to posts must be provided and confirmed by Financial Management]** | | **Term (see guidance notes)** | **Full cost (via Financial Management)** | **Cost £ (incl VAT)** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **Total Cost:** | | |  |  |
|  | | |  |  |
| **QUOTATIONS INCLUDED Y/N (see attached Appendix)** | | |  |  |
| **(d) Eligibility: Please explain why this project is not funded by core NHS funding sources and why it is suitable for Charity funding (see guidance notes)** | | | | |
|  | | | | |

|  |
| --- |
| **(e) Sustainability: What will happen at the end of the period of funding - Has provision been made for any running costs or charges over and above/beyond Charity funding? Please consider:**   * **What is the plan for any associated costs e.g. revenue/maintenance (e.g. directorate budget)** * **Are there estates dependences (e.g. space requirement; running costs) and if so how have these been discussed with estates?** * **Are there employment implications and have these been addressed? (e.g. have HR been consulted on any employment rights at the end of a fixed term contract?)** |
|  |

|  |
| --- |
| **(f) Applications to Other Charities: *Have you applied to any other charity for this funding (for example the League of Friends)? If so, please provide details of the charity applied to, the date of application, the expected response date and the amount requested/granted.*** |
|  |

**7 EVALUATION**

|  |
| --- |
| **All funded projects will be asked to complete a short evaluation form within 12 months of receiving funding. If there are additional ways in which you would like to evaluate impact, please detail those here.** |
|  |

**8 PROJECT PROMOTION AND PARTNERSHIP**

|  |
| --- |
| **All funding is conditional on ensuring that the support of the Charity is visible. Please describe any ways that we can raise awareness of the partnership with the Charity e.g. we produce materials that can be added to equipment, or logos for the wall. Where appropriate, we may also suggest publicity internally and/or with external press.** |
|  |

**For advice on completing this form please contact:** [**nuth.charity@nhs.net**](mailto:nuth.charity@nhs.net)

**Please return completed form to:** [nuth.charitablefundsfinance@nhs.net](mailto:nuth.charitablefundsfinance@nhs.net)

|  |  |  |
| --- | --- | --- |
|  | **Date** | **Charity signatory** |
| **Date received** |  |  |
| **Date approved** |  |  |
| **6 month report due** |  |  |
| **Final evaluation due** |  |  |

Form last reviewed: 13 January 2021