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 **Registered Charity No: 1165393**

**UHCW Charity Grant Request Form**

**Please complete sections 1 to 4 –** **(read the ‘How to Guide’ before completing this form)**

1. **Requested By**

|  |  |
| --- | --- |
| **Your Name:** | **Signature:** |
| **Your Dept:** | **Date:** |
| **Tel No:** | **Email:** |
| **Fund Name:** | **Fund Number:** |

1. **Grant Details**

**Brief Description** *–* Please explain the nature and specification of the project, outlining the benefits and impact on patients and their families. How many people are likely to benefit and over what period of time?

**Why is this not funded by UHCW NHS Trust?**

**How does your application align with the Trusts Green Plan and Net Zero objectives?**

***Please provide a statement to describe the impact of this funding, which the Charity can use for publicity purposes;***

1. **Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Grant** | **Amount excl. VAT (£)** | **VAT (£)** | **Total Amount (£)** |
| Patient/Staff Welfare |  |  |  |
| Research |  |  |  |
| Training & Education |  |  |  |
| **Totals** |  |  |  |

1. **Authorisation**
	1. **Fund Authorisation**

|  |  |
| --- | --- |
| **Fund Name:** | **Fund Number:** |
| **Fund Adviser’s Signature:** | **Fund Advisers Name:** |
| **Date:** |

* 1. **Technical Authorisation (Estates - for small works and furniture, Medical Engineering - for equipment)**

|  |  |
| --- | --- |
| **Signature:** | **Role:** |
| **Name:** | **Date:** |

* 1. **NHS Trust Authorisation (Business Manager/Director/Finance)**

|  |  |  |
| --- | --- | --- |
|  | **General Manager/Director**  | **Group Finance – Please Complete below** |
| **Signature:** |  |  |
| **Name:** |  |  |
| **Role:** |  |  |
| **Date:** |  |  |
|  | **UHCW Cost centre** |  |  |  |  |  |  |
| **UHCW Account Code** |  |  |  |  |  |  |

UHCW Charity Staff only

1. **UHCW Charity Sign Off**

|  |  |
| --- | --- |
| **Date:** | **Charity Director Signature (up to £5,000):** |
| **Date:** | **Charity Chair/Vice Chair Signature (up to £20,000):** |
| **Award Number:** |  |