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 **Registered Charity No: 1165393**

**UHCW Charity Grant Application - Over £20,000**

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

1. **Requested By**

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

1. **Grant Details**

|  |
| --- |
| **Purpose – What is this Charity Grant for, why is it needed and where will it be located** (5-6 sentences max.) |
| **Reason for Charity Funding (why is it not funded by the NHS?)/ are there any links to previous applications?** (4-5 sentences max.) |
| **What will be the benefit / what would be the impact?** |
| **Who and how many people will benefit?** |
| **Is there any evidence to support this?** (if Yes please attach to the Application) |
| **Are there any revenue implications?** |
| **What risks might there be?** |
| **Are you asking for a maintenance contract to be funded and if so, for how long? Does your Dept. agree to pick up the ongoing maintenance costs?** |
| **How does this align with the Trust’s Strategy and Values?** |
| **Does your application align with the Trusts Green Plan and Net Zero objectives? How?** |
| **Will this support the wider system integration strategy? How?** |

1. **Costs**

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

1. **Authorisations**
	1. **Fund Approval:**

|  |  |
| --- | --- |
| **Fund Name:** | **Fund Advisers Signature:** |
| **Fund Number:**  | **Date:** | **Fund Advisers Name:** |

* 1. **Technical Approval:**

|  |
| --- |
| **Estates - for small works and furniture**  |
| **Name:** |  | **Signature:** |  |
| **Role:** |  | **Date:** |  |
| **Medical Engineering - for medical equipment** |
| **Name:** |  | **Signature:** |  |
| **Role:** |  | **Date:** |  |
|  **ICT – for IT** |
| **Name:** |  | **Signature:** |  |
| **Role:** |  | **Date:** |  |

* 1. **NHS Trust CD/Director Approval:**

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

* 1. **Finance Manager Approval:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **Date:** | **UHCW Cost Centre:** |  |  |  |  |  |  |
| **Role:** | **UHCW Account Code:** |  |  |  |  |  |  |
| **Signature:** |  |

1. **UHCW Charity Sign Off**

**UHCW Charity Staff to complete this section.**

|  |  |  |
| --- | --- | --- |
| **Chief Finance Officer Approval** | **Signature:** | **Date:** |
| **Chief Strategy Officer Approval** | **Signature:** | **Date:** |
| **Director of Estates Approval** | **Signature:** | **Date:** |
| **Other (Please state)** | **Signature:** | **Date:** |

|  |  |
| --- | --- |
| **Date:** | **Charity Director Signature:** |
| **Date:** | **Charity Chair Signature:** |
| **Award Number:** | **Charity Board of Trustees Approval Date:** |