**NHS Grampian Charity**

**Community Grants Programme Application Form**

Please ensure you have read and understood our full guidance notes before starting to complete this application form. Please note, only fully completed applications will be progressed.

|  |
| --- |
| 1. **Your Details**
 |
| Primary Contact |  |
| Role in Organisation |  |
| Email |  |
| Telephone |  |

|  |
| --- |
| 1. **Organisation Details**
 |
| Name and address of organisation |  |
| Second contact person |  |
| Role in organisation |  |
| Email |  |
| Telephone |  |
| Description of your organisation |  |
| Charity number |  |
| When was your organisation established? |  |

|  |
| --- |
| 1. **Name and summary of your proposed project**
 |
| **Please tell us what you plan to do: Maximum word count: 1,000** |
| What activities do you want to do? |  |
| Why do you want to undertake this activity? |  |
| How have you involved participants or beneficiaries in the development of this activity? |  |
| How do you plan to learn from the project to shape future work? |  |
| Is this something new or are you continuing something you have done previously? |  |
| How long do you expect it to run? |  |
| What difference will it make? |  |
|  How will people know about the project? |  |
| What experience does your organisation have to deliver this project? |  |

|  |
| --- |
| 1. **Details of your project**
 |
| How many people will be involved in delivering the project? | Staff: | Volunteers: |
| Please tell us about their roles **Maximum word count: 100** |  |  |
| What are the proposed start and end dates of your project? | Start date: | End date: |

|  |
| --- |
| 1. **About your beneficiaries**
 |
| How many people will directly benefit from your project? |  |
| What groups will benefit (e.g. older people, children, those living with disabilities, disadvantages communities, etc.)**Maximum word count: 100** |  |
| How will people access your project/service? (e.g. GP referral, self-referral, other agency referral)**Maximum word count: 100** |  |
| Where will the project be delivered?**Maximum word count: 100** | [ ]  Aberdeen[ ]  Aberdeenshire[ ]  MorayPlease tell us where: |

|  |
| --- |
| 1. **Outcomes**
 |
| Please select **only one** of NHS Grampian Charity’s Funding Priorities. This should be the one that best aligns with your intended outcomes | People have a better healthcare experience |[ ]
|  | People have better clinical outcomes |[ ]
|  | People are better able to manage their own health |[ ]
|  | People have an improvement in their mental or physical health |[ ]
| How will your project meet the funding priority? Please provide three indicators that you will measure to reflect this**Maximum word count: 30** |  |
| Please tell us how you will evaluate your project and when **Maximum word count: 100** |  |

|  |
| --- |
| 1. **Sustainability**
 |
| How will the needs of those who have benefitted from your project be supported on its completion? |  |

|  |
| --- |
| 1. **Costs**
 |
| How much funding are you requesting? |  |
| Please give a detailed breakdown of the funding being applied for:

|  |  |  |
| --- | --- | --- |
| **Item** | **Details** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total amount requested: | £ |

 |
| Please provide details here of any further funding required for this project, from other sources or from your organisation’s own resources |  |
| Please provide details of funding previously received from NHS Grampian Charity |  |
| Other information(Please note, applications will not be progressed without the required information) | **Please tick to confirm the inclusion of the following documents** |
|  | Most recent signed, audited accounts |[ ]
|  | Constitution or governing document |[ ]
|  | Up-to-date Safeguarding Policy |[ ]
|  | Up-to-date Equalities Policy |[ ]

|  |
| --- |
| 1. **Signature**
 |
| **I confirm that I have read and understood the guidance and terms and conditions of NHS Grampian Charity’s Community Grants Programme, and that all the above information is true and accurate, and that I will notify the charity of any changes.****I confirm I have been authorised by the governing body of my organisation (the board or committee that runs your organisation) to submit this application and accept the terms and conditions on their behalf.** |
| **Signature** |  |
| **Date** |  |

**Please double check and ensure that all sections of this form are fully complete, and the required information is attached before submission. Any incomplete forms will unfortunately not be progressed.**

**Forms must be returned in Word format only. Only information included in the application form will be considered, please do not send attachments or links other than those requested.**

**This form should be sent to us with your organisation’s name in the document title.**

**Please return your completed form by 12pm on Friday 13th December 2024 to:**

**gram.charities@nhs.scot**

|  |
| --- |
| 1. **For Charity Team Use**
 |
| Form checked and completed |  |
| Shortlisted |  |
| Panel score and feedback |  |
| Recommendation |  |