**NHS Grampian Charity**

**Lasting Impact Programme**

**Funding Application**

It is essential that you have read and understood our full guidance notes before starting to complete this application.

Please note that completed forms must be received no later than **12pm (noon) on Monday 31st March 2025.** Applications received after this time will, unfortunately, be unable to be considered.

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| **Summary** | |
| Short title of project  Max. 6 words |  |
| Total amount requested | **£** |

**Section 1: Organisation Information**

This section should be completed by the organisation’s lead contact.

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| --- | --- |
| * 1. **Organisation lead contact** | |
| Name |  |
| Job title/role |  |
| Telephone |  |
| Email address |  |

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| * 1. **Organisation second contact** | |
| Name |  |
| Job title/role |  |
| Telephone |  |
| Email address |  |

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| * 1. **Organisation details** | |
| Name of organisation |  |
| Address |  |
| Type of organisation |  |
| Charity number (if applicable) |  |
| When was your organisation established? |  |

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| * 1. **Description of your organisation** |
| Please explain the purpose and work of your organisation and how it benefits the health of the people of Grampian.  Max 400 words |
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**Section 2: Researcher(s) Information**

This section should be completed by the Principal Investigator (PI)

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| **2.1. Principal Investigator** | |
| Name\* |  |
| Job title/role\* |  |
| Organisation\* |  |
| Department |  |
| Telephone\* |  |
| Email address\* |  |
| Line manager’s name |  |
| Line manager’s email address |  |

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| **2.2. Co-Investigators** | |
| Name |  |
| Job title/role |  |
| Organisation |  |
| Department |  |
| Telephone |  |
| Email address |  |
| Line manager’s name |  |
| Line manager’s email address |  |
|  | |
| Name |  |
| Job title/role |  |
| Organisation |  |
| Department |  |
| Telephone |  |
| Email address |  |
| Line manager’s name |  |
| Line manager’s email address |  |
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| Name |  |
| Job title/role |  |
| Organisation |  |
| Department |  |
| Telephone |  |
| Email address |  |
| Line manager’s name |  |
| Line manager’s email address |  |

Please copy and paste the above table if more space is required.

Please note: CVs should be appended for ALL investigators including the organisation lead contact/applicant named in section 1.1.

**Section 3: Project Information**

This section should be completed with input from all key partners.

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| **3.1. Project description** |
| Please provide details of the project you want to undertake.  Max 1,500 words |
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| **3.2. Proposed project duration** | |
| Start date |  |
| End date  Max 12 months |  |

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| **3.3. Beneficiaries and identified needs** |
| Please tell us about the intended beneficiaries and their identified needs  Max 750 words |
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| **3.4. Lasting impact** |
| Please tell us about the long-term impact of your proposed project  Max 250 words |
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| **3.5. Theme** | |
| Please tick **one** theme which your project most aligns with. We understand your project may align with more than one theme, but please ensure you choose the one that is most relevant. | |
| Young people’s mental and physical health and wellbeing |  |
| Loneliness and isolation |  |
| Adult mental and neurological health |  |
| Barriers to accessing health services, including digital literacy and access |  |
| Physical inactivity and related health issues |  |
| Poverty and related health issues |  |
| Elderly health and wellbeing |  |
| Substance misuse and related health issues |  |
| Other (Please specify): |  |

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| **3.6. Outcomes and indicators** | |
| Please provide up to three outcomes of your project  Max 50 words in total |  |
| Please provide up to six indicators of your project  Max 100 words in total |  |

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| **3.7. Partners and stakeholders** |
| Please provide an overview of all key partners and stakeholders in this project, their roles, and their responsibilities. Please include any beneficiary involvement, consultation, or public engagement plans.  Max 1,000 words |
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| **3.8. What happens next?** |
| Please provide an outline of your intentions to use the results of this project on completion, and any subsequent opportunities you feel may arise as a result of this work.  Max 800 words |
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| **3.9. Any other relevant information** |
| Please provide us with any other information relevant to this project which has not been covered by the above questions.  Max 500 words |
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**Section 4: Details of the research project**

This section should be completed by the Principal Investigator.

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| **4.1. Research project details** | |
| Please complete this question if the research element of the project has a different name and/or start and end dates from the overall project | |
| Project title  *Max 15 words* |  |
| Start date |  |
| End date  *Max 12 months* |  |

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| **4.2. Lay summary** |
| Max 500 words |
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| **4.3. Scientific summary** |
| Max 300 words |
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| **4.4. Proposal background** |
| Max 1,000 words |
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| **4.5. Aims** |
| Max 300 words |
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| **4.6. Research Plan** |
| Max 1,700 words |
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| **4.7. References** |
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| **4.8. Suggested reviewers** | |
| All research proposals are subject to anonymous review. Reviewers nominated may be used, or alternatives sought at the discretion of the charity. Please provide contact information below | |
| **Reviewer 1** | |
| Title/Name |  |
| Position |  |
| Department and institution/organisation |  |
| Email |  |
| Telephone |  |
| Please provide a brief statement of why reviewer 1 is appropriate |  |
| Please check this box to confirm you do not have a close recent association with this reviewer |  |
| **Reviewer 2** | |
| Title/name |  |
| Position |  |
| Department and institution/organisation |  |
| Email |  |
| Telephone |  |
| Please provide a brief statement of why reviewer 2 is appropriate |  |
| Please check this box to confirm you do not have a close recent association with this reviewer |  |

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| **4.9. Any other relevant information** |
| Please provide us with any other information relevant to this project which has not been covered by the above questions.  Max 500 words |
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**Section 5: Funding**

This section should be completed with input from all key partners.

Please complete the name of the relevant organisation in the ‘Payable to’ column of sections 5.1. and 5.2.

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| **5.1. Staffing costs** | | | | | | |
| Post | Salary | % WTE | % Salary | % On costs | Total | Payable to |
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| **5.2. Additional costs** | | | | | | |
| Description | | | | | Total | Payable to |
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| **5.3. Total per organisation** | | | |
| Please provide us with a breakdown of the total amount being applied for per organisation below | | | |
| Organisation name |  | Amount | £ |
| Organisation name |  | Amount | £ |
| Organisation name |  | Amount | £ |
| Organisation name |  | Amount | £ |
|  | | | |
| Grant total | | | £ |

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| **5.4. Justification** |
| Please provide justification for the above expenditure  Max 500 words |
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| **5.5. Other funding** |
| Please provide us with details of other funding associated with this work |
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| **5.6. Future funding** |
| Please tell us about any future funding requirements |
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**Section 6: Attachments**

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| **Please tick to confirm you are submitting the following documents with your completed application. Please note, applications will not be progressed without the required information** | |
| Most recent signed, audited annual accounts |  |
| Constitution or governing document |  |
| Up-to-date Safeguarding Policy |  |
| Up-to-date Equalities Policy |  |
| Copies of CV’s as required |  |
| Copies of job descriptions as required |  |
| Risk assessment / register |  |
| If you are unable to provide any of these attachments, please explain why: | |

**Section 7: Signatures**

All contributors, and their organisational representatives, are required to sign the application form.

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| **Organisation’s lead contact/applicant** | |
| Signature: | |
| Name (Printed) |  |
| Date |  |

|  |  |
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| **Organisation’s Chief Executive or Senior Director** | |
| I confirm my organisation’s support and ability to undertake this work within the above identified scope. | |
| Signature: | |
| Name (Printed) |  |
| Job title/role |  |
| Date |  |

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| **Principal Investigator** | |
| I confirm that I have read and understood the application guidance, and that this application meets with all requirements. I am signing on behalf of any co-investigators and confirm that I have their written agreement. | |
| Signature: | |
| Name (Printed) |  |
| Date |  |

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| **Principal Investigator’s Head of Department or appropriate Research Directorate signatory** | |
| I confirm that I am in support of the above application and the appropriate applicant time and facilities are available. | |
| Signature: | |
| Name (Printed) |  |
| Job title/role |  |
| Date |  |

**Please ensure that all sections of this form are fully completed, all additional information is attached, and your application is emailed to** [**gram.charities@nhs.scot**](mailto:gram.charities@nhs.scot) **no later than 12pm (noon) on Monday 31st March 2025.**