



Grant Application



Supporting Guidance

The Friends of Charing Cross Hospital supports bids and activities to benefit patients and staff within Charing Cross Hospital, and the local community.

Our key priorities are:

- to provide grants which directly improve the patient experience
- to provide grants which directly improve staff welfare
- to provide grants which directly improve the local community

Funding is given to areas such as:

- Improvements to the patient experience
- Improvement for enhanced staff welfare
- Equipment
- Staff training and development
- Benefits for the local community

We cannot fund bids that:

- are normally funded by the NHS
- are of no direct benefit to the patients and staff of Charing Cross Hospital or the local community
- have access to adequate funding from a special purpose fund

Who can apply?

Anyone working for Imperial College Healthcare NHS Trust is eligible to apply for a grant. If you have an idea that you think would benefit from a Charity grant, you should speak to your General Manager of your Directorate as their approval will be needed on the grant application form.

How to apply

Complete the grant application form (sections A to E) and return with accompanying documents and covering letter by email to: friends@friendscxh.org.uk The covering letter should be on headed notepaper and countersigned by your Divisional Director and Director of Operations.

Approval Process

Grant applications are reviewed by the Friends of Charing Cross Hospital, Board of Trustees who meet 6 times a year.

Applicants will be notified in writing of the committee's decision within two weeks of the meeting, subject to all information being satisfactory.



Grant Application

Please complete all sections A-E

A - APPLICANT DETAILS

Main applicant - Name and title	General Manager - Name and title
Place of work – full postal address	Place of work – full postal address
Telephone number	Telephone number
Email address	Email address
	Do you support this application? YES NO

B - BID DETAILS

Reason for application: Patient wellbeing / Staff welfare
Total amount requested from the charity £
Proposed start date
Bid Title (25 words maximum)
Bid proposal – what is the key aim? Explain how it will contribute to improvements in patient or staff wellbeing. (You may attach a link here to external documents or media)
Benefits realisation – How can the benefits and improvements be measured?
Is funding being provided or sought from any other body? YES NO If YES, please give details including when you expect a decision to be made
Has the application been considered and rejected by another funding body? YES NO If YES, why was it rejected?



C - FINANCIAL INFORMATION

- Please note that VAT should be shown, where relevant.
- Please attach quotes relating to supply of equipment - at least one quote to be included.
- An Estates and Facilities schedule is required for refurbishment or minor building works.

Description	Details	Cost
EQUIPMENT		
Please confirm that a suitable location to place the equipment has been identified YES NO		
Medical		£
Scientific		£
IT		£
Office		£
Staff/Patient rest room		£
TRAINING		
Medical		£
Scientific		£
Other		£
CAPITAL		
Refurbishment		£
OTHER – please specify		£
BID TOTAL		£

D - ADDITIONAL COSTS

<p>Are there any indirect costs that will be incurred to ensure the Bid can be taken forward both now and in future years? (e.g. overheads, maintenance, running, staff-related costs? YES NO</p> <p>If YES, how will these costs be covered?</p> <p>Please ensure that you have verified these costs with your divisional finance manager</p> <p>Any additional operational costs required from the NHS budget must be approved by the Divisional Director of Operations; without this approval the application will not be accepted (see Section E – Endorsements).</p> <p>Costs - £</p> <p>Details</p>
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E - ENDORSEMENTS

The application will not be taken forward without ALL the following endorsements:

Supporting Divisional Clinical or Executive Director	
I confirm that this request is appropriate and supports the strategic direction of the division.	
Name	
Signature	Date

Divisional Director of Operations	
I fully endorse the application and confirm that any future associated running costs will be met from the divisional budget.	
Name	
Signature	Date

If the bid is for clinical equipment an endorsement from Clinical Engineering is required.

Clinical Engineering	
I confirm that this request is appropriate and fully endorse this application.	
Name	
Signature	Date

For FoCXH use only

Received by FoCXH	Date:	Reviewed by Committee on:	Date:
Requested granted / rejected		Date:	
Reason for rejection		Requestor Informed	Date: