



**QUEEN ELIZABETH HOSPITAL BIRMINGHAM CHARITY**

**APPLICATION FOR GRANTS**

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| <p><b>1. DETAILS OF GRANT APPLICANT</b> (This is the person to whom all correspondence will be addressed)</p> <p>Name</p> <p>Job title</p> <p>Department</p> |
| <p>Tel:</p> <p>Fax:</p> <p>Email:</p>  |
| <p><b>2. TOTAL GRANT REQUESTED</b></p>   |
| <p><b>3. WHICH FUND IS THE GRANT TO COME FROM?</b></p>   |

**4. WHAT IS THE GRANT FOR? (please give a breakdown of costs)**

**5. WHAT IS THE BENEFIT TO PATIENTS? (It is a requirement of charitable funding that any application has a direct or indirect benefit to patients of UHBFT)**

**6. WHAT IS THE BENEFIT TO THE NHS? (Both for UHBFT and for the NHS generally)**

**7. WHY CAN'T THE NHS FUND THIS REQUEST? (It is a requirement of charitable funding that NHS funds are not otherwise available. It is not acceptable to simply state "The NHS has no funds". We want to understand why the NHS is not able to fund it, yet still wants the charity to consider funding)**

**8. HOW WILL THE CHARITY BE RECOGNISED FOR ITS SUPPORT? (Please detail the opportunities for case studies, PR, naming rights, etc)**

**9. WHAT HAVE YOU DONE / WHAT CAN YOU DO IN ORDER TO HELP FUNDRAISE FOR THE CHARITY IN SUPPORT OF THIS REQUEST? (Some charitable requests can be granted straightaway, some require additional fundraising. Your support will help us increase the number of grants we can approve)**

**10. SUPPORT WITHIN UHBFT (QEHB Charity gifts equipment to UHBFT but does not provide support for ongoing maintenance or support costs. Applicants should ensure that their Divisional Finance Manager and Divisional Director of Operations are aware of, and supportive of, any grant application including any ongoing costs that will be the responsibility of UHBFT. Grants for work carried out at the University of Birmingham still need a signature from the relevant UHBFT Divisional Director of Operations but should be signed by a University of Birmingham Finance Manager. Applications over £50,000 also need the signature of UHBFT Director of Finance or Executive Director of Delivery.)**

Divisional Finance Manager:

I confirm that I have checked the financial details of this application and that UHBFT/University of Birmingham (delete as applicable) is prepared to meet any additional ongoing costs associated with the grant.

Name:

Signed:

Date:

Divisional Director of Operations:

I confirm that I have read this application and that the Division supports the grant and will allow it to be accommodated within the Division. I confirm that this application meets the priorities of the Trust and would be a preferred use of charitable funds.

Name:

Signed:

Date:

**FOR GRANT APPLICATIONS OVER £50,000**

UHBFT Director of Finance/Executive Director of Delivery (delete as applicable)

I confirm that I have read this application and that UHBFT supports the grant and will allow it to be accommodated within the Trust. I confirm that this application meets the priorities of the Trust and would be a preferred use of charitable funds.

Name:

Signed:

Date:

Applicant:

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

Name:

Signed:

Date:

Please return this form to: Mike Hammond, Charity Chief Executive, QEHB Charity, 5th Floor, Nuffield House, Queen Elizabeth Hospital, Birmingham B15 2TH Any queries please contact Mike Hammond on 0121 371 4852 or [mike.hammond@uhb.nhs.uk](mailto:mike.hammond@uhb.nhs.uk)