The Friends of Savernake Hospital and the Community

Registered charity no. 262732

GRANT APPLICATION FORM

Please:

- **Read the Grant Policy and Application Procedure on page 5 before completing the Application Form**

- **Complete all sections of the Application Form as fully as possible. Failure to do so may delay the grant decision-making process.**

1. Name and location of organisation requesting a Grant

2. Contact details of Applicant

Name	
Address	
Telephone number	
e-mail address	

3. Details of application

a. Aims of project for which the Grant is requested

b. Who will benefit from it?

c. Full details of request, including costs with **two** estimates and supporting literature. If the estimates are for two different options, please state which is your **preferred option and why**.

d. Amount raised so far for this project

e. Other sources of funding, if the Friends are not to meet the full cost.

f. Proposed sources of on-going funding (upkeep, servicing, etc.) where applicable

g. Any other information that will help the Friends' Committee to reach a decision.

4. Have you applied to the Friends of Savernake Hospital and the Community before?

Please note – this **application is valid for 6 months after which a new application will need to be completed.**

Signature of applicant: ……..

Print Name: …….. Position: ……..

Date: ……

Signature of supporting Manager (where applicable): ……

Print Name: …….. Position: ……..

Date: ……

Please send all relevant paperwork, including:

- the completed and signed application form
- associated documentation
- supporting literature
- estimates

to:

Kelly-Louise Jennings

Administrator

40 Ramsbury Drive

Hungerford

Berkshire

RG17 0SG

e-mail: info@friendsofsavernake.org

www.friendsofsavernake.org

(For admin purposes)

Decision:

Signed: ..... Date: .....

GRANTS POLICY AND APPLICATION PROCEDURE

Definitions
The Friends of Savernake Hospital and the Community is known as "the Friends".
The "local community" covers the Marlborough and Pewsey Community Areas.

1. Grant Policy

A. The aim of the allocation of grants by the Friends is to:

- Enhance the quality of life for people in the local community affected by ill-health or disability.
- Support or improve the medical facilities and the care of patients and users in or attending Savernake Hospital and other local healthcare organisations.

In meeting these aims the Friends will consider working with, and funding projects jointly with, other charitable institutions, voluntary bodies and health service providers.

B. Examples of types of applications considered:

- Clinical and physiotherapy equipment
- Furniture and furnishings
- Amenities for patients, users and staff
- Assisting with the cost of building improvements, alterations and refurbishments
- Healthcare-related education, training, scholarships and awards.

C. Unless specified by a bequest or donation received by the Friends, grants will <u>not</u> be given for:

- Salaries or personal education

2. Application Procedure – Guide to Applicants

- Read through the Grant Policy to ensure your grant application is suitable and supports the aims listed above. (If you have any queries, please contact the Friends' Administrator).
- Complete the all sections of the application form fully, and send it together with two estimates, supporting documents and any other relevant literature to the Friends' Administrator either by post or email. Alternatively, complete and submit the grants application form online at www.friendsofsavernake.org.
- Where you do not hold a supervisory or managerial position, the written approval of your supervisor, manager or head of department will be required before your application will be processed.
- On receipt of a properly completed application form, the Friends' Committee will consider your application.
- The Friends Committee has authority to approve grants up to £10,000 per application.
- Before making a decision, the Committee may require further information from you, or you may be asked to attend a meeting to discuss your grant application with the Committee.
- If within three months of the date of the Committee's request for further information or for a meeting with you or an appropriate representative no response has been received or no meeting has taken place, the Committee will consider that you have withdrawn your application.
- **All applicants will be formally notified of the Committee's decision.**