|  |  |
| --- | --- |
| **Reference Number:** |  |

**(*for office use only)***

|  |
| --- |
| **Section 1: Application Detail** |
| ELFT Charitable fund is providing an opportunity for services to consider applying for grants to support Service users in the following priority areas:   * Improving Social Networks * Improving Employment Prospects * Improving Digital Accessibility |

|  |  |
| --- | --- |
| **Project Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Start Date:** |  | **Proposed Duration of Funding:** |  |

|  |  |  |
| --- | --- | --- |
| I confirm that I have read and understood the Standards of Business Conduct Policy, and I declare that I have no interest which is likely to create a conflict or could be perceived as a conflict, which requires declaring on a Declaration of Interest form (Appendix G). If any potential conflicts arise, I will complete and submit the Declaration of Interest form (Appendix G).   |  | | --- | |  |   I confirm that I have read and understood the Standards of Business Conduct Policy, and I have completed a Declaration of Interest form (Appendix G) to declare any interest(s) which are likely to create a conflict or could be perceived as a conflict. If any further potential conflicts arise, I will complete and submit a new Declaration of Interest form (Appendix G).   |  | | --- | |  |   **Please check which theme you are applying funding for:** |

|  |  |
| --- | --- |
| Improving social networks |  |
|  |  |
| Improving employment prospects |  |
|  |  |
| Improving digital accessibility |  |

|  |
| --- |
| *Guidance: You may request up to 12 months of support. If your project will require a longer duration, please discuss this with the Grants Team before submitting your application.*  *The proposed start date should be as realistic as possible, taking into account appropriate estimates for this application to be assessed, time required to recruit staff, receive ethical approval etc. You may adjust your start date if your application is successful. We expect most Healthcare Delivery Improvement Grants to start within 6 months of the decision.* |

|  |
| --- |
| **Section 2: Project Summary** |
| *Provide a summary of your proposed project:*  *Guidance: This summary should allow the wider public to understand your plans for this project. Outline how you identified the need for intervention/change in this area, what you plan to do and what you hope to achieve, highlighting the benefits for healthcare delivery and/or staff or patient wellbeing.*  *You should avoid unnecessary jargon, abbreviations and technical terms wherever possible. If you have to use them provide a clear explanation.*  *We may use this to describe your project through our communication channels (such as our website) and to describe your project to the public, supporters, donors and our Trustees.* ***Maximum 300 words*** |
|  |
|  |

|  |
| --- |
| **Section 3a: Project Details** |
|  |
| **Project Description** |
|  |
| Provide a detailed description of:  1. Background  2. Key aims and objectives  3. Work plan  4. Expected outcomes  5. Evaluation plans  **See detailed guidance below. Maximum 2,000 words** |
|  |
|  |
|  |
| *Guidance: Please structure this section following these headings. This is the main body of the proposal, most of the key information should be here.*    *Your application will be read by a range of people including individuals who may not know the clinical context of your application. Please write your application with this in mind.*  *References, figures and any other supporting information referred to in the Project Description must be uploaded as an attachment.*    ***1. Background***  *Explain the rationale, context and/or clinical need for this project. This should include details of the current state of the field/area, how the need for intervention/change has arisen/been identified and details of any preliminary work that has been done.*  ***2. Aims***  *Clearly explain what the project hopes to achieve.*  ***3. Work plan***  *Describe in detail the steps you will take to implement your proposed intervention or change. Please also describe why you consider your approach will be successful and provide details of any contingency plans, if appropriate.*  ***4. Expected outcomes/outputs***  *Outline the key outcomes/outputs/benefits that are expected to arise from this project. You should include:*   * *Details of the staff/patient population or community that will benefit from this project including an approximation of the number of beneficiaries and an explanation of how this figure has been reached, details of the demographic or disease profile or hospital affiliation, as appropriate.* * *If your project proposal concerns the purchase of a piece of clinical equipment, you should state how this equipment may be used ‘above and beyond’ its day-to-day function, for example, by enabling participation in research projects or clinical trials.*   ***5. Evaluation plans***  *Outline how you will monitor and evaluate the success of your project? Describe how you will measure the project outcomes, including plans to collect baseline data and details of your success criteria.* |

|  |
| --- |
| **Section 3b: Additional Information** |
|  |
| **Case for Charitable Support** |
|  |
| Why is the best funding source for this project charitable support, compared to, for example, funding sources from within the Trust? You should include details of other funding streams that you have approached or could approach. **Maximum 300 words** |
|  |
| *Guidance: Please note that the purpose of this scheme is to fund projects which go ‘above and beyond’ that which is provided by the NHS. If an intervention or clinical pathway(s) is already standard practice, you must state how this project elevates such an item/practice above everyday function or routine service.* |
|  |
|  |
| **Patient and public involvement and engagement** |
|  |
| Describe how patients, patient advocacy groups and/or other relevant communities have been involved in developing/planning/designing this proposal and/or will be involved in the active project. **Maximum 300 words** |
|  |
|  |
|  |
| **Sustainability** |
|  |
| Describe your plans to support or develop this project beyond this period of charitable funding. If your project is likely to have ongoing costs, you must indicate the likely source of this support from either Trust or non-Trust sources. **Maximum 300 words** |
|  |
| *Guidance: If you are planning on using the evidence gathered in this project to make a case to the CCG or commissioner for permanent implementation of a clinical pathway, please outline the key steps of this process here.* |
|  |
|  |

**Section 4: Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Full Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Office Address:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

**Project Sponsor/Department Lead** (Please provide details of the department lead or project sponsor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Email Address:** |  |

**Finance Business Partner** (Please liaise with your Finance Business Partner to confirm the budget)

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Email Address:** |  |

**Please provide details of any additional applicants:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Full Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Office Address:** |  |

|  |  |
| --- | --- |
| **Email Address:** |  |

**Section 5: Equalities**

Please specify which groups your cause will be helping.

**Age Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 18 |  | 18-25 |  | 26-35 |  |
|  |  |  |  |  |  |
| 36-45 |  | 46-55 |  | 56-65 |  |
|  |  |  |  |  |  |
| 66-75 |  | 76-85 |  | 86-95 |  |

**Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British - Indian |  | Asian or Asian British - Pakistani |  |
|  |  |  |  |
| Asian or Asian British - other Asian |  | Black or Black British - African |  |
|  |  |  |  |
| Black or Black British - Caribbean |  | Black or Black British - Any other black background |  |
|  |  |  |  |
| Mixed - British |  | Mixed - White & Asian |  |
|  |  |  |  |
| Mixed - White & Black Caribbean |  | Mixed - other |  |
|  |  |  |  |
| White British |  | White Irish |  |
|  |  |  |  |
| White - Any other white background |  | Any other background |  |

|  |  |
| --- | --- |
| **Any other group (please specify):** |  |

**Borough**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tower Hamlets | |  | Newham |  |
|  | |  |  |  |
| City & Hackney | |  | Bedford |  |
|  | |  |  |  |
| Central Bedfordshire | |  | Luton |  |
|  | |  |  |  |
|  |
|  | |  |  |  |

**Groups**

|  |  |  |  |
| --- | --- | --- | --- |
| Women |  | Homeless individuals |  |
|  |  |  |  |
| Children |  | Victims of domestic abuse |  |
|  |  |  |  |
| Older Adults |  | Other |  |
|  |  |  |  |
| Mental Health |  |  |  |

**Number of people reached/impacted (directly or indirectly):**

|  |
| --- |
|  |
|  |

**Section 6: Project Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount Requested:** |  | **Project Costs:** |  |

|  |
| --- |
| If there is a difference please indicate how this will be met. |
|  |

**Breakdown of project costs requested from ELFT Charity**

For each cost category, provide a breakdown of the direct project costs requested from ELFT Charity along with a project-specific justification. You must obtain accurate costs from your Finance Lead.

Do not include costs for which funding is not being requested.

Please note:

* All costs requested must be in line with ELFT Charity's Cost Policy
* Items that are VAT exempt should be discussed with your local Finance Officer before submitting your funding request to the charity.
* A company quote is required for any piece of equipment over £5000.
* Any requests involving ICT equipment/technology will be discussed by the Charity with the Trust’s ICT team.
* Capital

**Indirect project costs**

Will this project incur any indirect costs, both during the lifetime of the grant and in future years?

*For equipment requests, confirm that a suitable location to place the equipment has been identified.*

**On-going costs**

Are there any ongoing operational costs required from an NHS budget to be approved by a Lead Director or budget holder?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please outline detailed costs for the above, including any related to: building works, medical equipment, IT equipment, office equipment, training for staff and others, consumables and other costs.*   |  |  |  |  | | --- | --- | --- | --- | | Item | Supplier | Cost | Justification | | e.g. |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Total Cost: | |  |  | |

**Section 7: Other Support**

|  |
| --- |
| Has this application been considered by another funding body? Please provide further information if so. |
|  |

**Section 8: Declaration**

Please note that personal data of applicants and co-applicants will be held in ELFT Charity’s database and processed in accordance with its Privacy Policy.

**I confirm that the information given on the application form is true and my group has formally agreed that I can act on their behalf. I confirm that I have attached all necessary supporting documents.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Print Name:** |  |
|  |  |  |  |
| **Date:** |  |  |  |

|  |
| --- |
| **FOR OFFICE USE ONLY** |
|  |
|  |