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 **Application for Charitable Funding**

This is the application form to use for Charitable Funds Support. It is to be used for all charities, including East Kent Hospitals Charity and all respective Hospital Leagues of Friends.

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| **Section1:** Contact details (please complete all boxes) | | | | | | | | |
| Department/ Ward: Click here to enter text. | | | | | | | | |
| Care Group: Choose an item. | | | | | Site: Choose an item. | | | |
| Speciality (E.g. Child Health or Renal): Click here to enter text. | | | | | | | | |
| **Project Lead:** The manager who will take responsibility for the project, and will be the contact for marketing, feedback and reporting on the impact of the project. | | | | | | | | |
| Name: Click here to enter text. | | | | | Role: Click here to enter text. | | | |
| Email: Click here to enter text.@nhs.net | | | | | Tel ext.: Click here to enter text. | | | |
| Clinical Lead (for all medical and therapy equipment): Click here to enter text. | | | | | | | | |
| **Section 2:** Case for Support  Please complete the case for support, ensuring that you answer all applicable sections: | | | | | | | | |
| Briefly describe the project/ equipment: Click here to enter text. | | | | | | | | |
| How will this project benefit the care of patients and/or staff welfare? Click here to enter text. | | | | | | | | |
| How frequently will the equipment/ facility be used? How many patients will benefit from this equipment? Click here to enter text. | | | | | | | | |
| What is the anticipated life span of this equipment/project? Click here to enter text. | | | | | | | | |
| If this project does not receive charitable funding, would the current service continue? Click here to enter text. | | | | | | | | |
| Have you applied for funding from any other source? YES / NO | | | | | | | | |
| If so, where from? Click here to enter text. | | | | | | | | |
| What was the outcome and why? Click here to enter text. | | | | | | | | |
| **Section3**: Procurement | | | | | | | | |
| Who are the proposed suppliers? Click here to enter text. | | | | | | | | |
| Model/ Product code(s): Click here to enter text. | | | | | | | | |
| Total number of items?  (If for multiple sites, please state the number per site: Click here to enter text. | | | | | | | | |
| QEQM  Quantity | K&C  Quantity | WHH  Quantity | | BHD  Quantity | | | RVH  Quantity | Other (specify)  Quantity |
| Colour & size of item/equipment: Click here to enter text. | | | | | | | | |
| **Cost**  Cost excluding VAT: Click here to enter text.  VAT: Click here to enter text.  Total cost: Click here to enter text. | | | Quote attached (supplied by Procurement):  Choose an item. | | | For Medical Equipment only. Please ensure you have logged your request on the Medical Devices portal:  Choose an item. | | |
| **Section 4:** **Approvals**  ALL applications must have the relevant approvals before being submitted. **Section A is mandatory**; Section B-F must be completed if applicable. Please see guidance notes for more information. | | | | | | | | |

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| **A** | **Approval letter or email confirming that the Care Group Operations Director or their delegated representative is aware of this application**. [Attach]  Less than £500 - *Authorised signatory*  £501-£5,000 – *Authorised signatory* ***AND*** *Matron or Care Group Operations Director/Head of Nursing*  Over £5,000 - *Authorised Signatory and Care Group Procurement Board.*  *See guidance notes for approval limits*  *Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(or email attached)*  *Name:* Click here to enter text. |
| Date approved: Click here to enter a date. |
| **B** | **If your application is over £5000:**  Date of meeting where Application and/or Business Case approved by Care Group Procurement Group Click here to enter a date.  Reference or comment: Click here to enter text. |
| **C** | **Medical equipment approval is required from the Medical Devices Group via the portal;**  <https://procurement.ekhuft.nhs.uk/forms/medical-equipment-initial-request>  MDG reference: Click here to enter text.  Date of meeting approved: Click here to enter a date. |
| **D** | **Medical Equipment maintenance and/or consumable costs must be approved by Care Group Finance Lead (Electronic Medical Equipment (EME) or supplier contract).**  Cost of maintenance (per item/per year): Click here to enter text.  Date of meeting approved: Click here to enter a date. |
| **E** | **IT Equipment may need approval is required from the Information Development Group (IDG) – Check guidance notes:**  Date of meeting approved: Click here to enter a date.  Reference or comment: Click here to enter text. |
| **F** | **Estates Works must be approved by a ‘Works Request Form’.**  Works Request Form attached**:** [Attach]  Date of approval: Click here to enter a date. |
| **G** | **For Internal Finance use only:**  Additional signatory, if required under the Scheme of Delegation.  **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:** Click here to enter text. |

Thank you for your application for Charitable Funds. Once all relevant approvals have been received and the above form completed, please send this and any other documents to: [ekh-tr.charityapplications@nhs.net](mailto:ekh-tr.charityapplications@nhs.net). If you have any queries, please email this address, or contact us on ext 722-6356.

Please refer back to the guidance notes to see what the next steps are.

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**Application for Charitable Funding Guidance notes**

**Before you begin**

If you are applying for:

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| IT Equipment | Please obtain advance approval from the Information Development Group (IDG) by emailing **BOTH** of the following;  [andrea.dixon5@nhs.net](mailto:andrea.dixon5@nhs.net)  [robertnelson1@nhs.net](mailto:robertnelson1@nhs.net) |
| Medical devices | * An Equipment request form must be submitted via the portal prior to this application being submitted to Charitable Funds. This portal can be found;   <https://procurement.ekhuft.nhs.uk/forms/medical-equipment-initial-request> |
| Training and Education Grant | Please use the ‘Application for Training and Education Grant’ form. |
| Building work | Liaise with your sites estate to obtain a quote. |

**Section 2- Case for Support**

* The Procurement Service can assist with advice on suppliers or model/product codes. Contacts are via the Care Procurement Leads, or if in doubt, you could call 723-1908 (Estates and IT) and 723 8838 (Medical or Surgical), or email [ekh-tr.procurement@nhs.net](mailto:ekh-tr.procurement@nhs.net)
* Please include the costs including **and** excluding VAT (currently 20%). It is sometimes possible for the VAT to be reclaimed.
* When writing your Case for Support, tell us what the equipment/facility does and what it would be used for- all Charities are particularly interested to know about the impact on both patients and staff, and how this application will make a difference.

**Section 4- Approvals**

This is the most important section and must be completed correctly, to ensure that the application can be swiftly processed.

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| **Charitable Funds- Scheme of Delegation**  Under this section you must consider the TOTAL amount (including VAT) that you are requesting under Charitable Funds. Please follow this guide: | |
| Up to £500 | This can be signed off by a ‘Delegated Signatory’ (e.g. the Matron or Service Lead for the area). |
| £501- £5000 | This can be signed off by the ‘Delegated Signatory’ AND the Care Group Service Manager/ Deputy. |
| Over £5000 | This requires the Delegated Signatory, Relevant Care Group Service Manager and the Care Group Finance Lead/ Deputy/ |
| **All Medical Equipment, regardless of Value, must be approved via the Medical Devices Group.** | |

**Requests for Charitable Funds**

**Mandatory Approval**

Get application signed by authorised signatory (See section **FOUR** of the guidance notes)

Complete all relevant sections. Note guidance and approval requirements. If the application is over £5,000 a Business case will also be required.

Is the application over £5,000?

**YES**

**NO**

Send to the Care Group Procurement Group for approval.

Is the application a **medical device**, **IT hardware/software** or related to **Estates**?

**NO**

**YES**

**IT Hardware/Software**

For advice on whether approval is required contact the IT Development Group (IDG) for approval. This is required for IT projects (hardware, software and audio-visual equipment).

Send to BOTH emails;

[robertnelson1@nhs.net](mailto:robertnelson1@nhs.net)

[andrea.dixon5@nhs.net](mailto:andrea.dixon5@nhs.net)

**Estates**

Estates Approval – contact the Estates Manager for the site for advice, costing’s and approval.

**Medical Devices**

Submit application to Medical Devices Group (MDG) for approval of all medical equipment. MDG portal can be found using the following link; <https://procurement.ekhuft.nhs.uk/forms/medical-equipment-initial-request>

Send application and supporting documents to the charity applications email address:

**ekh-tr.charityapplications@nhs.net**

Once approved the project lead will receive instructions on how to order the item / or start the project.

All expenditure over £25,000 will be presented to the full Trust Board for ratification.

All requests reviewed for expenditure will be presented to the next Committee for approval. You may be invited to present the request to the relevant charity.

Once approved the project lead will receive instructions on how to order the item / or start the project.

All expenditure over £25,000 will be presented to the full Trust Board for ratification.

**The next steps:**

1. Once all relevant approvals have been received and the above form completed, please send this and any other documents to: [ekh-tr.charityapplications@nhs.net](mailto:ekh-tr.charityapplications@nhs.net)
2. Your application will be submitted to the most appropriate charity (e.g. East Kent Hospitals Charity or a League of Friends) and will be reviewed. You may be asked to present this application to the Charity- if you or your representative cannot attend, this application may be deferred.
3. We will consider this and let you know if it has been successful. If the project cost is over £5000, it will be submitted to the Charitable Funds Committee who will decide.
4. The supporting Charity will let you know of the success or failure to secure a grant. Grants must be actioned (requisitioned/purchased order/claim) within 3 months of funding approval, or the grant will be cancelled. If you have faced any issues/delays when purchasing, please notify the Finance Charity Team of [ekh-tr.applications@nhs.net](mailto:ekh-tr.applications@nhs.net) ext. 722 6356. The Charity Finance Team can advise you on how to proceed with purchasing the equipment.
5. Once the project or equipment has been purchased, the Project Lead will be contacted for marketing, feedback and publicity on the impact the project has had for the ward or service.
6. Within 4 months of a successful application the funding Charity will require an “Impact Report” describing the difference and impact this grant has made to patients and staff. You may also be asked to present this feedback at a meeting. This should be sent to: [ekh-tr.fundraising@nhs.net](mailto:ekh-tr.fundraising@nhs.net)