**Application Form Questions –**

**Patient Benefit Under £25k**

**Important Information for Applicants**

Grants will only be awarded for areas that will directly benefit patients. If you would like to access funding designated for staff wellbeing or training, please see our [funds for staff.](https://southamptonhospitalscharity.org/staff-wellbeing-and-training/)

**We recommend submitting your application at least two months before you require the funding to be in place. Please note that not all applications for funding will be successful.**

All applications must be submitted via Southampton Hospitals Charity’s [grants portal](https://southamptonhospitalscharity.org/patient-benefit-grants-programme/). If you have difficulty using the system, please contact our grants team on grants@southamptonhospitalscharity.org or 023 8120 8881 to discuss alternative application methods.

The form is designed to take 30-45 mins to complete. You will be asked to create an account and can then go back and edit your application until final submission.

Before submitting this form, you will need to ensure that you have:

* Accurate costings of your items / equipment (use our [cost breakdown template](https://southamptonhospitalscharity.org/wp-content/uploads/Cost-Breakdown-Template-1.xlsx) to show this)
* Cost Centre
* Clear description of your project, the impact of the work and permission to deliver it

Note: Your information will be processed in line with SHC’s [privacy policy](https://southamptonhospitalscharity.org/privacy-policy/)

**Section One: Applicant Details**

**First Name**

**Last Name**

**Job Title**

**Email Address**

**Phone Number**

**UHS Division**

**Section Two: Project Information**

**Project Name** (free text)

*Please provide a simple name for your project*

**Ward/Department** (free text)

**Care Group Manager Name and Email** (for projects over £5,000 we will confirm approval from your care group manager for the project)

**Please select which of Southampton Hospitals Charity objectives your project aligns with:**(Drop down check box)

*Please note: If your project does not clearly align with one of these objectives, your project is unlikely to be successful.*

* **Improve the experience of patients and families and their carers**
* **Enhance service delivery beyond scope of NHS funding**
* **Deliver better clinical outcomes**

**Which beneficiaries will this grant primarily support?** (Drop down check box)

* Patients
* Families & Visitors
* The wider hospital community

**Project Summary** *Your description should be a layperson’s summary outlining the problem you are trying to solve or the enhancement you wish to make* (free text) – 50-word limit

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**Project Description**

**Please outline your project and how you plan to deliver it?**(free text) – 150-word limit

*Please describe what you are applying for. What is the equipment or items that you require, who is it for? Have you had this equipment previously, and why isn’t the Trust able to fund this? Who will conduct installation?*

**What is the evidence of need?** (free text) – 100-word limit

*Please describe* ***why*** *your proposal is needed and how you identified it. Who did you speak to about this (patients, carers, other staff), and what did they say?*

**What is the change you are hoping to see?**(free text) – 150-word limit

*Please explain the potential impact of this work. What will be the difference for your intended beneficiaries? How many people are likely to benefit? This is to help the charity understand the importance of your proposal. How will you know if your work has had an impact?*

**Expected Project Duration**: (free text – 50 words)

*What is your Ideal Purchase Date? What is the Lead-in Time / Expected works time? How long will the equipment last? (guarantee, expected life)*

**Section Three: Finance Information**

**Please provide the Cost Centre that the funding should be paid into, if successful:**

**Total amount requested**

*Please insert figure (this can be up to £25,000) Note: If this project is awarded funding, this is the exact figure that will be paid out, so make sure that this is accurate. The charity will not pay further costs for this project without an additional application.*

**How will you cover ongoing maintenance costs, or necessary consumables for the kit or equipment? (for example, ink for printers, ongoing cleaning)** (free text) – 100-word limit

**Supporting Documentation: Upload Files**

*Please include: Cost breakdown (download here), Quotes within a 3-month period, and any other documentation that you think will be helpful in explaining your project*

**Hear more from us**

**Find out what’s happening at the Charity. View our newsletter to discover more about the progress of our appeals, what we’ve funded across the Trust, and what incredible things our community has been doing.**

**I wish to sign up to Southampton Hospitals Charity’s newsletter**

**Terms and Conditions**

**Applicants will be asked to agree to the following statements:**

[x] I confirm this request for funding aligns with Southampton Hospitals Charity’s overall mission and goal to support projects over and above core NHS activity

[x]  I confirm that I have the relevant permissions from the Trust to run this project and bring additional equipment / furnishings to the ward

[x]  If awarded funding, I agree to provide updates on the funded work to the Charity

[**Please submit your application information on the form on our website here**](https://southamptonhospitalscharity.org/patient-benefit-grants-programme/)