

Yorkshire Children's Hospital Fund – Grant Application Form

Please note, YCHF does **NOT** normally fund core NHS projects/equipment. Please ensure your application highlights the justification for seeking funds outside of NHS funding and the importance of this project to patients.

Please ensure you refer to the [Application Guidelines](#), available on the YCHF website, when completing this form, and complete all sections in full. If you have any questions please get in touch by email on alex@gilbanks.com

There are considerable demands on the Charity's funds and it is simply not possible to meet every request for funding that we receive. Please ensure this application is completed fully and any additional information requested is attached. Feel free to append additional information that justifies the need and benefit of this application.

SECTION 1 – GRANT APPLICATION SUMMARY

Hospital or Organisation Name:

Name of applicant:

Equipment/Project Name:

Summary of Project:

Total cost:

Amount requested from YCHF
(exc. VAT):

SECTION 2 – APPLICANT’S DETAILS

Hospital or Organisation Name:

Name of applicant:

Position:

Address:

Postcode:

Tel:

Fax:

Email:

SECTION 3 – DESCRIPTION OF PROJECT/EQUIPMENT FOR WHICH FUNDING IS REQUESTED

Project Title or Description of Equipment:

Please provide a summary of the project/equipment for which funding is requested, highlighting the service improvement / innovative nature of the request. Please ensure your summary covers: the aims or purpose of the project; why it is needed; and the benefit it will bring.

Summary of project/equipment (Max 100 words)

SECTION 4 – BENEFIT TO PATIENTS

YCHF can only fund projects/equipment for which there will be a clear medical benefit to children and babies in Yorkshire. Please outline the expected impact of this work/equipment and how your proposal will improve life/hospital experience for children

Impact of this work

Approximately how many babies/children will benefit each year from this project/equipment and how will this information be captured:

Please outline how you plan to measure the impact/benefit of this project

SECTION 5 – FINANCE REQUESTED

YCHF will normally only consider applications for which funding is not available from the Hospital Trust or other relevant authority. Please confirm whether the Hospital Trust (or other relevant authority) has been approached for funding:

Yes No

What was the outcome?

Amount being requested from YCHF exc VAT:

Please Note If your request for funding for equipment exceeds £5,000 please provide a quotation from the supplier. If it is more than £15,000 please provide a minimum of two quotations.

Total cost of project/equipment:

Contribution secured from other sources*:

*Please name other funding sources (if applicable):

Date by which payment will be required (if applicable):

SECTION 6 – PREVIOUS AWARDS FROM YCHF

Please give details of any previous awards from YCHF in the past 3 years

Amount	Purpose	Date

The organisation/hospital has not received funding from YCHF in the last three years

SECTION 7 – RAISING AWARENESS

Please outline details of how you will raise awareness of YCHF'S support, for example local press coverage, write-ups in hospital magazines, inclusion of information at local and national meetings etc.

How you will raise awareness:

SECTION 8 – DECLARATION

DECLARATION BY APPLICANT

I confirm that the information provided is correct to the best of my knowledge and, if this application is successful, I will ensure that the funds granted will be used for the purpose for which they were awarded.

Name of applicant:

Signature:

Date:

DECLARATION BY SENIOR CONSULTANT

I confirm that I have read the information provided and to the best of my knowledge this is correct. I am happy to support this application, and agree to take overall responsibility for its oversight.

Name of consultant:

Position:

Email:

Signature:

Date: