

# *The Friends of Savernake Hospital and Community*

Registered charity no. 262732

## **GRANT APPLICATION FORM**

### **1. Department and Location of Grant Request**

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### **2. Contact name, address, telephone number and e-mail address**

<b>Name</b>	
<b>Address</b>	
<b>Telephone number</b>	
<b>e-mail address</b>	

### **3 Details of application.**

#### **a) Aims of project**

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**b) Who will benefit from it?**

**c) Full details of request, including costs with two estimates and supporting literature,**

**d) Amount raised so far for this project**

**e) Other sources of funding, if this charity is not to meet the full cost.**

**f) Proposed sources of on-going funding (up-keep, servicing, etc) where applicable**

**g) Any other information that will help the committee to reach a decision.**

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

Signature of applicant: .....

Print Name .....Position .....

Date .....

Signature of supporting Manager .....

Print Name .....Position .....

Date.....

Please note funding will not be available for salaries

**Please send all relevant paperwork i.e.**

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

**To**

Patricia Harper  
Administrator Friends of Savernake Hospital and Community  
Grants sub committee  
27 Stonebridge Close  
Marlborough  
Wiltshire  
SN8 2AE  
email: [info@friendsofsavernake.org](mailto:info@friendsofsavernake.org)

[www.friendsofsavernake.org](http://www.friendsofsavernake.org)

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(For admin purposes)

Decision:

Signed .....Date .....

# **GRANTS POLICY and APPLICATION PROCEDURE**

**Please read this thoroughly before completing the Grants form**

## **1. Aims:**

Through the allocation of grants the Friends aim to:

- a) Enhance the comfort and welfare of the patients in Savernake Hospital and in the Community
- b) Augment the provision of care and services offered by Savernake Hospital and associated services in the Community
- c) Support the resources of Savernake Hospital to ensure its continued role in the Community.

In meeting these aims the Friends wish to work with the NHS and other bodies and not to substitute for them. This may involve joint funding for certain projects.

## **2. Types of applications considered:**

- a) Equipment for clinical use.
- b) Furniture, furnishings, pictures etc.
- c) Projects relating to buildings - Help towards cost of building alterations and refurbishment, landscaping, etc.
- d) Projects relating to Health Care in the community linked with Savernake Hospital.
- e) Training relating to clinical staff development.

## **3. Application Procedure**

- a) Applicants are asked to complete the application form and return it with explanatory literature to, Sally Cripps, Administrator, Grants sub-committee.
- b) The Grants sub-committee will process applications and present them to the management committee for a decision.
- c) Applicants may be asked to meet the sub-committee and where appropriate make a presentation to the management committee.
- d) All applicants will be formally notified of the committee's decision.
- e) Application forms are available online at [www.friendsofsavernake.org](http://www.friendsofsavernake.org) , or from Savernake Hospital. A copy of the Grants Policy will be sent out with the form.
- f) Where appropriate the application must be supported by the head of department, who is then required to sign the form to show agreement.