

MANCHESTER & SALFORD MEDICAL CHARITABLE FUND APPLICATION 2015

Our Ref:

Guidance Notes

This is an application form for financial assistance to provide **grants to support charities, organisations and individuals to assist disadvantaged, sick and infirm people and those living in poverty.**

Grants are issued to assist with the purchase or supply of activities, amenities or items of a medical nature which are NOT supplied by the NHS.

Please note that grant beneficiaries must be resident within the geographical boundaries of the **Cities of Manchester or Salford.**

There is no limit to the size of the grant that you can apply for however grants in the region of £1000 have been approved by Trustees. Evidence of match funding from other sources is supported.

1. Name of Charity/Organisation/Individual

Reg Charity No (if applicable)

Date Established

Name of Applicant

Position of Applicant

Tel

Mobile

Email

Address

Website

Social Media e.g. Twitter

2. Name of Project (if different)

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3. How much funding are you applying for?

£

4. How will you use this grant? (Please provide a breakdown of how you intend to spend the grant e.g. staff, capital item, volunteer expenses etc. If you are applying for support towards a salaried post please include a job description).

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QUESTIONS 5 AND 6 SHOULD ONLY BE COMPLETED IF THE INTENTION IS FOR THE PROJECT TO BE PARTIALLY FUNDED BY THE TRUST AND IF ADDITIONAL FUNDING WILL BE OBTAINED FROM OTHER SOURCES

5. What is the overall cost of the project or service for which funding is sought?

£

Is this part of a larger project/service?

6. What is the balance needed?

£

How are you intending to raise the remaining balance and from what sources?
If known, indicate when funding decisions will be made.

Funder

Decision Date

Amount

7. When are you planning to start the work/activity/purchase the item?

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8. What do you want to achieve as a result of the funding?

Outline your three main objectives including timescales

10. If this application is made by a charity or organisation please enclose a copy of your most recent accounts. These should be signed as approved on behalf of the organisation's Management Committee or equivalent.

Accounts enclosed for Year Ended

11. If the application is for the supply of goods or services, please detail your preferred supplier and attach quotations you have already received. It is expected that you will have received at least two quotations for proposed expenditure in excess of £1,000.

Name of Supplier

Quotation £

Name of Supplier

Quotation £

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12. Please give details of the Charity's/Organisation's bank account in which you would like us to pay any grant which might be approved. Please enclose a copy of recent bank statement for this account verification.

Name of Bank Account

Bank Name

Sort Code

Account Number

Bank Address

Signatures: To the best of our knowledge, the information provided in this application is correct. We confirm that any items, amenities or services that we are requesting support for are NOT provided for by the NHS. We agree to contact the Secretary of the Manchester & Salford Medical Fund concerning any changes to the details provided in this form. We also agree to provide some form of feedback on the outcomes achieved as a result of the grant received e.g. a case study, testimonial, letter of thanks from service users.

Signed on behalf of the Group/Organisation

Chairperson's Name

Signature

Date

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Applicant's Name

Signature

Date

CHECKLIST

1. PLEASE SEND A HARD COPY OF YOUR APPLICATION FORM (AS REQUIRED FOR MONEY LAUNDERING PURPOSES) TO

**Manchester & Salford Medical Charitable Fund
The Charity Service Ltd
St Thomas Centre
Ardwick Green North
Manchester
M12 6FZ**

2. IN ADDITION PLEASE ALSO SEND YOUR COMPLETED APPLICATION FORM BY EMAIL TO Enquiries@charityservice.org.uk.

PLEASE CHECK THAT YOU HAVE INCLUDED :-

- YOUR MOST RECENT ANNUAL REPORT & ACCOUNTS
- IF APPLYING FOR A SALARIED POST, A JOB DESCRIPTION
- IF APPLYING FOR GOODS OR MATERIALS, QUOTATIONS FOR THEIR SUPPLY
- YOUR BANK DETAILS
- A COPY OF YOUR MOST RECENT BANK STATEMENT (in order to verify account details provided)

An electronic version of this application form can be downloaded from The Charity Service website at www.charityservice.org.uk or please email Enquiries@charityservice.org.uk stating M&SMF Application Form Request.