



the  
**Charity  
Service**

Making more  
of **every gift**

Manchester & Salford Medical  
Charities Fund  
**Application**

## 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.

## Section 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

## Section 2

Name of Project (if different)

### Section 3

How much funding are you applying for?

### Section 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).

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

### Section 5

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

Is this part of a larger project/service?

## Section 6

What is the balance needed?

£
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How are you intending to raise the remaining balance and from what sources?

If known, indicate when funding decisions will be made.

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Funder:

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Decision Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Amount:

£
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## Section 7

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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Section 8

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

Outline your three main objectives including timescales:

**1.**

**2.**

**3.**

## Section 9

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

## Section 10

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 £

## Section 11

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

## 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 Charities 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

  /   /    

### Applicant's Name

### Signature

### Date

  /   /    

## Important Information

Please ensure you have enclosed:

- Latest bank statement
- Latest accounts

The completed form should be **EMAILED TO** [enquiries@charityservice.org.uk](mailto:enquiries@charityservice.org.uk)

Please ensure **ALL** questions have been **FULLY** answered.



Registered Charity number: 1011293

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**W:** [Charityservice.org.uk](http://Charityservice.org.uk)