



Cardiac Rehab Support West Sussex

supporting cardiac patients and their carers in the West Sussex area

GRANT APPLICATION FORM (FOR OVER £500)

1. About you....

Applicant's contact details	
Title:	First name:
Last name:	
Address:	
Post code:	Email address:
Daytime telephone number:	Evening telephone number:

OR your organisation, if appropriate...

Organisation name		
Are you a charity?	*Yes	*No
If Yes, please enter your Charity Registration Number		
Are you a company?	*Yes	*No
Please enter your company registration number		
Do you have public liability insurance	*Yes	*No
If Yes, please enter your policy number		
How many people are involved in running your organisation?		
Your Governing body / Committee Management Board		
Your volunteers		
Paid staff		

2. Your project¹ / or equipment

Please describe what the grant is for, i.e. the nature of the project or type of equipment, and who is likely to benefit.

When will your project start?

[Please note that your project start date must be at least 10 weeks after submission of your completed application and supporting documents.]

Where will the project take place?

When would you want to start spending this grant?

Is this date flexible?

*Yes

*No

Is this an existing project?

*Yes

*No

If this application is to fund existing work how is it currently funded?

¹The word 'project' is used throughout our documents. A project can mean anything from a scheme, service, item of equipment or a course of action you have plans for. It can also mean an activity you plan on delivering.

Cardiac Rehab Support West Sussex is a registered Charity No. 1154903

Registered address: 4 Highdown Drive | Littlehampton | West Sussex | BN17 6HJ
Email: info@cardiacrehabsupport.org.uk | **Web:** www.cardiacrehabsupport.org.uk

3. Please provide a breakdown of the costs you are asking CRSWS to fund using the headings and description boxes below (the first row is intended as an example, only)

Item or Activity	Description	How have you calculated this?	Total budget/expected cost (£)	Amount requested from CRSWS (£)
Start-up costs for cardiac rehabilitation classes	Taster session - training	2 qualified & insured cardiac instructors X 10 hours X £25 per hr.	500	400

Partnership or other funding

Are you seeking or have you received funds from any other organisation? If yes, please give details of the amount raised/applied for and when the outcome will be known.

Organisation Name	Organisation Type	Amount	When the outcome will be known

Total project cost

	Amount (£)	
Amount requested from CRSWS	£	
<i>(Inclusion of VAT will depend entirely on your status as an organisation. If you are able to recover VAT then your application should ensure that the VAT element is not included in the amount requested from CRSWS.)</i>	*VAT included	*VAT not included
Amount of other funding	£	
Total project cost	£	

4. The differences your project will make (outcomes)

You have told us about the project you plan to run. The following questions ask for more details about your project. Your answers are very important to our assessment of your application

4 a) What difference will your project make? / Why is your project needed?

Please tell us about the impact your project will have on the lives of persons suffering or recovering from a cardiac condition, their families and carers in West Sussex, (e.g. tell us how many people suffering from a cardiac condition are expected to be helped by your project – and how your project will achieve this.) OR what impact will your project have on educating the public in matters relating to cardiac conditions (no more than 500 words).



CRSWS

4 b) How can we – and you – evaluate whether your project has had a positive effect on those it supports?

Please say how you will assess the success of your project (no more than 500 words).

5. Reference

Please provide details of a suitable referee, external to your organisation and/or family, who we can contact about your application.

Referee's contact details			
Title:	First name:		
Last name:			
Address:			
Post code:		Email address:	
Daytime telephone number:		Evening telephone number:	
Is your referee a member of a professional body?			*Yes
			*No
If Yes, please include the name of the professional body and your referee's membership number:			
Name:		Membership no.:	
Name of referee's employer:			
How long has your referee known you or your organisation?			
In what capacity do they know you or your organisation?			

Declaration

I confirm that this application has been discussed with the referee detailed above and the referee is happy to be contacted by CRSWS about this application.

Signed

6. Publicity

How do you propose to recognise the support of CRSWS for your project? e.g. mention in newsletter, programme, press release, etc. Please give details below:

7. For our information

How did you hear about our grants programme?

Please note:

Requests for support should be received no later than **midday on 25 December, 25 March,**

24 June or 24 September.

CRSWS Trustees meet each year on the second Monday in January, April, July and October to consider requests for assistance, deciding which requests meet agreed criteria and granting assistance in approved cases. A condition of any grant awarded is that:

- it will only be used for the purpose you described in your application and the Trust may require evidence (for example receipts) to confirm that this has taken place,
- you agree to return any grant made, if it is no longer possible to proceed with the project as detailed in the application, and
- you will be asked to report to the Trust on the impact the grant has made. To do this the Trustees may require you to attend an assessment meeting and/or complete an assessment form.

If these conditions are not met you may be required to repay the grant to the Trust.

Declaration (to be signed by the applicant)

- I confirm that this application has been made in good faith and that if successful I will abide by the CRSWS conditions of grant.
- I have fully completed this application form, and enclosed cost estimates for the project.
- I understand that any enclosures will not be returned.
- I agree to make invoices/receipts available on completion of the project on request.
- I agree to abide by any conditions set out by CRSWS in making the award.
- I agree to return any grant made, if it is no longer possible to proceed with the project as detailed in the application.

Signed:

Print name:

Date:

Please return this completed Grant Application in an envelope marked 'PRIVATE' to:

The Trustees, Cardiac Rehab Support West Sussex, C/o Peter Hawkes, 4 Highdown Drive, Littlehampton, West Sussex. BN17 6HJ

Alternatively a scanned completed copy of this application can be sent to Peter Hawkes, CRSWS, at: info@cardiacrehabsupport.org.uk

*Please ring as appropriate