

Funding application for a project or equipment



Please note, Kidney Care UK 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 Kidney Care UK website, when completing this form, and complete all sections in full. Please note, handwritten applications will not be accepted.

There are considerable demands on the Charity's limited funds and it is simply not possible to meet every request for funding that we receive. Please ensure that 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, as this will help the Grants Committee prioritise your application over other less well considered applications.

SECTION 1 – GRANT APPLICATION SUMMARY

Name of hospital or KPA:

Name of applicant:

Title of project:

Summary of project:

(100 words)

**Core Kidney Care UK
theme supported:**

**Total cost of project
inc VAT:**

**Amount requested from
Kidney Care UK inc VAT:**

SECTION 2 – APPLICANT’S DETAILS

Name of hospital or KPA:

Name of applicant:

Position:

Band:

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 detailed summary of the project/equipment for which funding is requested, highlighting the service improvement / innovative nature of the request. A detailed statement of case should also accompany this application:

Please ensure your summary covers: the aims or purpose of the project; why it is needed; and the benefit it will bring. Please indicate which of the Charity’s core themes will be met by this project (see Application guidelines paragraph 3).

Summary of project / equipment:

Breakdown of project costs (list of key components with related costs):

SECTION 4 – BENEFIT TO KIDNEY PATIENTS

Kidney Care UK can only fund projects/equipment for which there will be a clear benefit to children or adults affected by disease, or their family/carers. Please outline the expected impact of this work and describe how your proposal will improve life for kidney patients.

Impact of this work:

How many kidney patients will benefit each year from this project and how will this information be captured:

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

Please note Kidney Care UK prioritises funding for innovative projects which have a clear desired outcome or plans for sustainability.

SECTION 5 – FINANCE REQUESTED

Kidney Care UK 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?

Please provide documentary evidence to substantiate.

Amount being requested from the Kidney Care UK inc VAT:

Please state total cost of project/equipment inc VAT:

Contribution secured from *other sources:

***Please name other funding sources (if applicable):**

Please Note If your request for funding for equipment exceeds £15,000 please provide a quotation from the supplier. If it is more than £30,000 please provide a minimum of two quotations.

Date by which payment will be required:

SECTION 6 – PREVIOUS AWARDS FROM KIDNEY CARE UK

Please give details of any previous awards from Kidney Care UK in the past three years.

Amount	Purpose	Date

The Hospital Trust has not received funding from Kidney Care UK in the last three years.

SECTION 7 – RAISING AWARENESS

Please outline details of how you will raise awareness of Kidney Care UK's support, for example local press coverage, write-ups in hospital and KPA magazines and inclusion of information at local and national meetings etc. How you will raise awareness:

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 RENAL 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:

Signature:

Date:

CHECKLIST

Before submitting your application, please ensure that: (please tick the box if enclosed)

- 1. All sections of the application form have been fully completed.**
- 2. The form is signed by the applicant and the Senior Renal Consultant at the named hospital.**
- 3. A detailed statement of case is included.**
- 4. Documentation from the appropriate authority is included confirming that public funding is not available for this project/equipment.**
- 5. Any additional sheets supporting the application have been attached.**
- 6. Quotation(s) for equipment (if appropriate) is/are included.**

It is crucial to this application being considered that all the information requested above and documents are included with this form.

Please send your completed application and supporting documentation to:

Suzan Yianni, Hospital Grants Manager

Kidney Care UK 3 The Windmills, St Mary's Close, Turk Street, Alton GU34 1EF

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