

TAYSIDE NHS BOARD
FINANCIAL ASSISTANCE FOR VOLUNTARY ORGANISATIONS
APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM
PLEASE READ THE ACCOMPANYING NOTES WHILE COMPLETING THIS APPLICATION

INFORMATION RELATING TO THE FUNDING						
1.	a	Period for which funding is requested: <i>(see note)</i>	From:		To:	
	b	Amount requested: <i>(see note)</i>	£			
	c	Please tick the relevant box to specify what type of funds you are requesting:				
		Recurring Funds?	Non Recurring Funds?			
	d	If this money is for a specific project, please tick the relevant box to specify the period for which funds are requested:				
		1 Year	2 Years	3 Years		
	e	Name of Organisation:				

INFORMATION RELATING TO PROJECT / SERVICE		
2	a	Project / Service Title: (if different to organisation)
	b	Purpose for which funding is being sought: <i>(see note)</i>

2 c	What evidence of need has been determined or identified? <i>(see note)</i>	
d	Who will be the target group / population? e.g. areas of deprivation, ethnicity <i>(see note)</i>	
e	What health improvement outcomes will this project achieve? e.g. impact on health status, inequalities <i>(see note)</i>	
f	What outputs / activity will be required to achieve these outcomes? <i>(see note)</i>	
g	How does your service contribute towards local targets/local plans such as the NHS Tayside Local Delivery Plan and the Single Outcome Agreement? <i>(see note)</i>	
h	Will this project involve partnership working? Please describe: <i>(see note)</i>	
i	How will the project be monitored and evaluated? <i>(see note)</i>	
j	Number of current service users, if applicable: <i>(see note)</i>	
	How many people will benefit directly from this project?	
k	Proposed start date, if applicable: <i>(see note)</i>	

2	l	In what way is the proposed activity additional to existing provision?			
	m	How do you let people know about the work of your organisation and how will you inform people about this activity?			
	n	Do you know of any other organisation that does similar work?	Yes		No
		If yes, in what way is your project different?			

INFORMATION RELATING TO THE ORGANISATION					
3	a	Date of formation of organisation:			
	b	Is the organisation a registered charity?	Yes		No
	c	Registration Number / company status?			
	d	Geographic area covered? <i>(see note)</i>			
	e	What are the main objectives of the organisation?			

INFORMATION RELATING TO THE ORGANISATION'S OFFICERS *(see note)*

4	a	Name of Chair / Convenor:	
		Home address of Chair / Convenor: <i>Please note this information will remain confidential.</i>	
		Telephone Number:	
	b	Name of Secretary:	
		Home address of Secretary: <i>Please note this information will remain confidential.</i>	
		Telephone Number:	
	c	Name of Treasurer:	
		Home address of Treasurer: <i>Please note this information will remain confidential.</i>	
		Telephone Number:	
	d	Name of contact person for this project: <i>(see note)</i>	
		Designation:	
		Correspondence Address:	
		Telephone Number:	
		Email Address:	
		Hours of Availability:	

4	e	How many people are on the Management Committee at a local level? <i>(see note)</i>							
	f	How many service users are on the Management Committee? <i>(see note)</i>							
	g	How many staff and volunteers does the organisation have?							
		Full Time?		Part Time?		Volunteer?		Total?	
5	a	Does your organisation carry out Disclosure Checks on appropriate staff? <i>(see note)</i>							
		Yes			No				
	b	Are Disclosure Checks reviewed routinely? <i>(see note)</i>							
		Yes			No				
	c	Does your organisation have policies on the following:							
		Child Protection?			Yes		No		
		Vulnerable Adults?			Yes		No		
		Equality?			Yes		No		
6		How did you hear about the NHS Funding for Voluntary Organisations?							

IMPLICATIONS FOR HEALTH *(see note)*

7	How will the project deliver on the following criteria?
a	Improve the health of the people of Tayside?
b	Reduce health inequalities and promote social inclusion?
c	Improve patient / public and partnership involvement and strengthen partnership arrangements?
d	How does the organisation work with local communities to deliver its service?
e	Support people living in their own community and enable them to take more responsibility for their own health?

FINANCIAL INFORMATION *(see note)*

8	a	What end of year financial accounts are to be included with this application?		
	b	Please provide projections covering the period for which the funds are being requested.		
	c	Please provide details of funding requested from other bodies / agencies for this project, including funds provided to you through Service Level Agreements?		
		Body / Organisation	Date of Application	Amount Requested
				Outcome
	d	Please provide a brief description of other fund-raising activities for this project e.g. coffee mornings etc and the amount you anticipate to raise?		
				Anticipated Amount £

SUPPORTING INFORMATION <i>(see note)</i>			
9	Please use this checklist to indicate what you are enclosing with your application:		
	Constitution / Legal Status *		Annual Report *
	Full Audited Accounts *		Additional Statistical Information
	Projected Income and Expenditure *		Equality Policy *
	Business Plan		Other
	<p>* These are mandatory enclosures and failure to enclose these documents will delay or stop consideration of your application for financial support. If we already have a copy please state this.</p> <p>You may attach any other useful information in support of your application.</p>		
10	Any other supporting information or comments: <i>(see note)</i>		
11	<p><i>I apply for funding in respect of expenditure to be incurred over the proposed funding period on the activities described in this application.</i></p> <p><i>I certify that, to the best of my knowledge and belief, the statements made in this application are true and the information provided is correct.</i></p> <p><i>I also agree to ensure that the NHS support is acknowledged within the organisation's income and expenditure accounts.</i></p>		
<i>(see note)</i>	Signature:		
	Name in Full:		
	Designation:		
	Date:		

On completion of the application please return to:

Linda Taylor
 Voluntary Sector Manager
 NHS Tayside
 Directorate of Public Health
 Kings Cross
 Clepington Road
 Dundee
 DD3 8EA

FOR HEALTH BOARD USE		
Application Received:	Date	
Recurring Application:		Non-Recurring Application:
Period of Funding:		
Copies to:		
Finance	Date	
Angus CHP	Date	
Dundee CHP	Date	
Perth & Kinross CHP	Date	
Other NHS Staff	Date	
Comments received:		
Voluntary Sector Funding Meeting	Date	
Outcome:		
Organisation informed of outcome:	Date	

Dokumenty dostępne są również w języku polskim i w innych formatach (rozmiar/ kształt) na żądanie. Kontakt: NHS Tayside, wydział ds. łączności (centrala NHS) 01382 424138.

Listiny jsou na požádání dostupné taky v jiných jazycích a formátech. Kontaktujte oddělení komunikací NHS Tayside (Communications Department) na čísle 01382 424138.

此文件設有其他語文譯本及版式,請聯絡國家保健服務聯絡部

(NHS)Tayside Communication Departments 索取 , 電話:01382 424138

درخواست کرنے پر دستاویزات دوسری زبانوں اور فارمیٹس میں بھی فراہم کئے جاسکتے ہیں۔ ٹے سائیڈ کمیونیکیشن ڈیپارٹمنٹ سے فون نمبر 01382 424138 پر رابطہ کریں۔

درخواست کرنے پر دستاویزات دوسری زبانوں اور فارمیٹس میں بھی فراہم کئے جاسکتے ہیں۔ ٹے سائیڈ کمیونیکیشن ڈیپارٹمنٹ سے فون نمبر 01382 424138 پر رابطہ کریں۔

Documents can be made available in other languages and formats on request. Contact NHS Tayside Communications Department on 01382 424138.

TAYSIDE NHS BOARD
FINANCIAL ASSISTANCE FOR VOLUNTARY ORGANISATIONS

NOTES FOR APPLICANTS

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

General	You can request a copy of the application form electronically – email linda.taylor9@nhs.net or doreen.wilkie@nhs.net . If it is not possible to complete the form electronically, please complete the application form in black ink and write clearly in block capital letters .
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Note 1	INFORMATION RELATING TO THE FUNDING
1 a	Period for which funding is being requested and amount requested: The dates given should reflect the organisation's financial year. Please remember to complete the amount requested.
1 b	

1 c	Please specify what type of funds you are requesting: Are the funds being requested on a non-recurring basis (one off funds) or a recurring basis (year on year for the foreseeable future) or for a specified, set period of time i.e. 1, 2 or 3 years.
1 d	

Note 2	INFORMATION RELATING TO PROJECT / SERVICE
2 b	Purpose for which funding is being sought: It is important to state clearly the purpose to which the requested funds will be put e.g. a contribution towards running costs, specific training initiatives, development / extension to present service, staffing costs etc.

2 c	What evidence of need has been determined or identified? This section should include any type of information that indicates a need for the service. This can include evidence of needs assessment that the organisation (or another source) has taken forward or determined.
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2 d	Who will be the target group / population?
2 e	What health improvement outcome(s) will this project achieve?
2 f	What outputs / activity will be required to achieve these outcomes?
	For the above, please provide details about what your organisation is trying to achieve and which groups it is aiming to help. We also need to know what benefit to health will result from this funding, including the aspect of health you aim to address or improve. What improvement outcomes are expected and how will the project achieve its outcomes through the activities to be taken forward.

2 g	How does your service contribute towards local targets/local plans such as the NHS Tayside Local Delivery Plan and the local Single Outcome Agreement?
2 h	Will this project involve partnership working? Please describe:
	<p>The NHS works across Tayside so please state how your project/service will aim to address the targets and plans for your local area i.e. Angus, Dundee or Perth & Kinross, and whether this will include working in partnership with other voluntary or statutory agencies. You can view a copies of the plans at the following website addresses:</p> <p>Angus Single Outcome Agreement – http://www.angus.gov.uk/ccmeetings/reports-committee2009/strategicpolicy/111App.pdf</p> <p>Dundee Single Outcome Agreement – http://www.dundeepartnership.co.uk/file.php?id=1954</p> <p>Perth & Kinross Single Outcome Agreement – http://www.pkc.gov.uk/NR/rdonlyres/53B6D08D-8C51-4A30-8F78-7C178D0A07EA/0/SingleOutcomeAgreement.pdf</p> <p>The NHS Tayside Local Delivery Plan can be requested by emailing lorrymarshall2@nhs.net or telephoning Lorraine Marshall on Dundee 424130</p>

2 i	How will the project be monitored and evaluated? Details of monitoring and evaluation processes should be included as well as the timescale for reporting to Tayside NHS Board.
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2 j	Number of current service users, if applicable:
	How many people will benefit directly from this project?
	The number of clients currently supported by the organisation should be included and, if your application is for a development of an existing service, the anticipated number of new clients that will directly benefit from this project should be stated.

2 k	Proposed start date, if applicable: The proposed start date should refer to when the project will commence within the financial year for which funds are being requested.
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Note 3	INFORMATION RELATING TO THE ORGANISATION
3 d	Geographic area covered? Please state Angus, Dundee, Perth & Kinross or Tayside.

Note 4	INFORMATION RELATING TO THE ORGANISATION'S OFFICERS
4	Details of Officers: Please provide details of the current Office Bearers. Their home addresses should be provided rather than an office address. This information will remain confidential.

4 d	Contact Person: This should be the person who is able to discuss the work of the organisation and the application in detail. It would be helpful to state a particular time of day when it is most suitable for contact to be made.
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4 e	How many people are on the Management Committee at a local level?
4 f	How many Service Users are on the Management Committee?
4 g	How many staff and volunteers does the organisation have?
	Please tell us about the number of people on your management committee at local level and the staff / volunteers that support your organisation's work.

5 a	If appropriate, have all staff and / or volunteers received Disclosure Checks?
5 b	Are Disclosure Checks reviewed routinely?
	All staff and volunteers providing an NHS Service or working with children will be expected to have received an Enhanced Disclosure check. If your organisation is not required to undertake disclosure checks, please provide evidence to support this.

IMPLICATIONS FOR HEALTH	
7	Please complete this section to give us information about how this project / service might meet the criteria listed.

FINANCIAL INFORMATION	
8	The purpose in requesting financial information is to confirm the viability of the organisation to complete its objectives and operate as a going concern. Organisations should not be wholly reliant on statutory funding and it is expected that they will raise funds by other methods. Voluntary organisations must acknowledge NHS Tayside's contribution within their audited or independently examined income and expenditure accounts, either on the face of the accounts or contained within the notes attached to the accounts.

8 a	What end of year financial accounts are to be included with this application? A copy of your organisation's most recent Audited / Independently Examined Accounts together with any relevant notes to the accounts must be submitted. If the audited accounts are those of your national organisation then they should be accompanied by financial statements pertaining to the local organisation in respect of the same period duly certified by the organisation's Treasurer or other office bearer. A similar situation might exist if you are a large local organisation running a number of self-contained projects. If this is your organisation's first application to Tayside NHS Board or there has been a lapse in
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	<p>funding, then the last two years Audited / Independently Examined Accounts will be required, including local statements if applicable.</p> <p>The financial position for the current year must also be provided and should include: a budget for each of the income / expenditure items, together with the actual income / spends to an appropriate month end and a forecast of income / spend to the year end. It would be helpful if the detailed format was similar to that provided in your annual statements or financial reports. An example of a suitable template is given at appendix A.</p>
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8 b	<p>Please provide projections covering the period for which funds are requested. A statement giving details of the local organisation's Projected Income & Expenditure for the period to which the request relates should be included. If the funding request is for more than one year then the projection should show the requirements for each year of the project. This statement should show the various sources of income and expenditure broken down e.g. staff costs (including employer's costs), administration costs, travel costs, training costs, accommodation costs, meeting expenses and other operational costs etc, to a similar detail as provided in your annual statements or financial reports. The format in the template at appendix A may be helpful in providing this information.</p>
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8 c	<p>Please provide details of funding requested from other bodies / agencies for this project, including funds provided to you through Service Level Agreements? Details should be included in respect of funding sought from other sources e.g. statutory (local authority) and non-statutory (local Trust Funds). This should include the amount requested and the outcome, if known.</p>
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8 d	<p>Please provide a brief description of other fund-raising activities for this project e.g. coffee mornings etc and the amount you anticipate to raise? Give details of activities that your organisation undertakes to raise funds of a non-statutory nature e.g. coffee mornings, jumble sales, sponsored walks etc. Please give an indication of the amount of funding expected to be raised by these methods.</p>
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SUPPORTING INFORMATION	
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9	<p>It is essential that a copy of your organisation's constitution/legal status be submitted if one has not previously been submitted or it has changed since its last submission. To process your application organisations <u>not previously funded</u> must enclose a copy of the Constitution/Memorandum and Articles, Annual Report, 2 years of audited accounts, the Projected Income and Expenditure statement and the organisation's Equality Policy. You may also submit a business plan and any other relevant supporting information.</p>
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10	Any other supporting information or comments: Other information/comment can be provided. If you have included additional statistical information in Section 9 please refer to it in this section.
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11	Signature: The application should be signed by one of the Office Bearers or a Responsible Officer.
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PLEASE REMEMBER TO SIGN AND DATE THE APPLICATION.

IF COMPLETED ELECTRONICALLY, A HARD COPY WITH A RESPONSIBLE OFFICER'S SIGNATURE SHOULD ALSO BE PROVIDED.



HOW WE WILL SELECT SUCCESSFUL APPLICATIONS

The Board's funds are cash limited within any one financial year and not all applications will be successful. We will take the following into account:

- If the work is complementary to NHS provision.
- The objectives of your organisation and how these link with the local objectives of the NHS and/or our community planning partners.
- The quality of your objectives and performance measures; how you show that costs are linked to outputs and outcomes, how you will monitor the process and report on work achieved.
- Partnership working; community/user support, and effectively managed volunteer input.
- Work that avoids duplicating that of other bodies.

Example Financial Template:

<i>Please insert rows within the relevant sections as appropriate</i>						
Organisation						
Project Title						
Income & Expenditure Statement Year Ending 31 March 2010 Source & Destination Descriptions	2009-10 Current Year			2010-11	2011-12	2012-13
	Budget	Exp to Date Sep-08	Year-end Forecast	Projection	Projection	Projection
INCOME SOURCES:						
Total Income	0	0	0	0	0	0
EXPENDITURE ITEMS:						
Total Expenditure	0	0	0	0	0	0
Surplus / -Deficit	0		0	0	0	0
Reserves Brought Forward						
Depreciation						
Gain / Loss on Assets						
Reserves Carried Forward			0	0	0	0
NOTES:						

An excel spreadsheet of this template can be provided on request, if desired.