

GRANT APPLICATION FORM

Please familiarise yourself with the requirements listed in Cranbrook Town Council's Grants Policy before completing this form.

For your application to be considered please ensure you provide one of the following:

- Copy of the latest set of annual accounts including profit and loss and a balance sheet, or
- Copy of bank statements for the previous six months, or
- A budgeted forecast

Any constituted organisation must also include a copy of their constitution.

Completed applications forms together with supporting evidence should be e-mailed to clerk@cranbrooktowncouncil.gov.uk.

The Council's Privacy Notice is accessible on our website at <https://www.cranbrooktowncouncil.gov.uk/governance/>.

1	In the interest of accountability and transparency, Cranbrook Town Council considers and determines grant applications at public meetings. This means that this application form will become a public document. Please would you give your consent that this application form can be published for public consumption. Personal and contact information will be omitted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please note that if you do not give your consent for us to publish the information on this form, Cranbrook Town Council will unfortunately be unable to consider and determine your grant application.
2	Name and Address of Organisation	Hospiscare, Searle House, Dryden Road, Exeter, EX2 5JJ
3	Contact Details of Applicant Name and Job Title Telephone Number	[...] – Trust Fundraiser 01392 688020. [...]

	Email Address	
4	Are you a Registered Charity?	<input checked="" type="checkbox"/> Yes, Registered charity number:297798 <input type="checkbox"/> No
5	Amount of grant requested:	£500
6	When is the grant funding required?	As soon as possible
7	Is it a...	<input checked="" type="checkbox"/> one-off funding request <input type="checkbox"/> recurring funding request
8	Total cost of the project:	£28,383
9	For what purpose or project is the grant requested?	A contribution towards the cost of the nurse call system that is urgently needed for the Inpatient Unit at Searle House in Exeter. <i>Maximum 100 words</i>
10	What are the project's aims?	To provide a reliable communication system for both patients and the nursing team on the inpatient unit. <i>Maximum 300 words</i>
11	Please evidence demand for this project:	Our current system old, erratic and no longer maintainable. It is key that any urgent medical issues are communicated by the patient and for staff to respond quickly and efficiently. The new system would provide modern communication with back up features to support clinical care. From a health and safety point of view it is key to have these systems in place. <i>Maximum 300 words</i>
12	If the total cost of the project is more than the grant, how will the residue be financed?	I am looking to make further applications to charitable trusts for grants to help finance the balance required.

		<i>Maximum 300 words</i>
13	How is financial sustainability being achieved in the long term?	<p>We are very fortunate that we have the generous support of our local community when it comes to fundraising for the hospice. We are also supported by local businesses, by supporters remembering us in their wills, by people taking part in events, taking part in our lottery and by visiting our shops. The breakdown of how we raised our income is shown below:</p> <p>Gifts in Wills – 38.7% Fundraising – 28.6% NHS Contribution – 14.4% Partner Charities – 4.8% Lottery – 5.8% Other - 5.2% Investments – 1.3% Education – 1.2%</p> <p style="text-align: right;"><i>Maximum 300 words</i></p>
14	Have you applied for a grant for the same project to another organisation?	<p><input checked="" type="checkbox"/> Yes</p> <p>Please state which organisation and how much: Anonymous Trust - £28,383. I will be making further applications.</p> <p><input type="checkbox"/> No</p>
15	How will the community benefit from the project?	<p>Ensuring the safety of the patients is paramount to the hospice. The community would benefit should they ever need to stay on the inpatient unit or know someone who does. As they will be able to access this system during their stay or if visiting a loved one.</p> <p style="text-align: right;"><i>Maximum 300 words</i></p>
16	Are any of the beneficiaries non-residents of Cranbrook?	<p><input type="checkbox"/> Yes, approximately how many:</p> <p><input type="checkbox"/> No</p>
17	Applicants are asked to familiarise themselves with the Council's grants policy and please tick the box on the right to confirm that you understand and agree with them.	<p><input checked="" type="checkbox"/> I/We agree with the terms and conditions of the Council's grants policy, especially in relation to crediting the Council in any publicity and providing feedback on the success of the grant within six months.</p>

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By signing this form, the applicant(s) agree with all the provisions detailed in the Town Council's grants policy, specifically regarding ownership of asset(s) and the requirement to repay funds where these have not been used in accordance with the grant application.

Signed.....*Signature*.....Date.....9.5.2023