**CW+ and The Friends Grant – Overview and Notes to Applicants**

CW+ and The Friends of Chelsea and Westminster are jointly running a grant programme for applications between £2,000 and £10,000 that will fund projects helping Chelsea and Westminster Hospital NHS Foundation Trust staff deliver better patient experience and care.

**i) Scheme basics**

* Applications are open to all staff across all hospital sites
* The programme is designed to:
  + promote innovation, transformation and new service development; *or*
  + support staff in the delivery of front line patient care;
* The programme will not consider applications related to:
  + supplementary awards to major capital programmes or other CW+ or The Friends funded initiatives;
  + personal welfare;
  + entertaining;

**ii) Application process**

Awards are between £2,000 and £10,000. See application and approval process:

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| **Funding requested** | **Application process** | **Endorsement / Approval** | **Deadline** |
| From £2,000 to £10,000 | 2 stages | Internal evaluation by CW+ Operational Grants Group (OGG) and The Friends | End of month for review in following month’s OGG |
| Applicant-led endorsement by relevant Divisional Director | End of month for review in following month’s OGG |

**iii) Applicant responsibilities**

The applicant is responsible for assuring that application proposals:

* **Comply with all internal Trust procedures especially with regards to IT, IG, Finance and Procurement. Despite CW+ and/or The Friends funding a project, it must still comply with Trust procedures.**
* Reflect well-substantiated needs. CW+ and The Friends charities encourage the use of patient and/or surveys substantiating the proposed project value and need.
* Place emphasis on describing problem, solution and impact clearly and, where possible, quantitively
* Are known and supported by your line manager
* Are endorsed by your area Head or Head of Department, Divisional Director and/or Trust Finance as required in the application

**For any enquiries please contact** [**maria.esteller@cwplus.org.uk**](mailto:maria.esteller@cwplus.org.uk)

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| **Project Proposal – Full Application Form**  ***For projects requesting under £10,000 of funding***  ***To be completed by applicant***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Project/Initiative Title** | | | | | | **Applicant(s)** | | | | | | **Applicant Name** | **Applicant Surname** | | | **E-mail** | | **Position** | **Grade/Band or equivalent** | | | **Phone** | | **Division** | **Department** | | | | | **Second Applicant Name** | **Second Applicant Surname** | | | **E-mail** | | **Position** | **Grade/Band or equivalent** | | | **Phone** | | **Division** | **Department** | | | | | **Site** | **CWH  WMUH  Other** | | | | | |  |  | | --- | --- | | Does this project require approval from Information Governance? |  | | Does this project require approval from IT? |  | | Will this project require ethical approval? |  | | If yes, has ethical approval been obtained? |  | | Does this project require a clinical risk assesment? |  | | | | | | | **Endorsing Divisional Finance Business Partner** | | | | | | **Full Name** | **Position** | | | | | **E-mail** | **Phone** | | | | | **Signature** | | | | | | *I have reviewed this application, endorse the proposed project and support the request for funding to the Charity* | | | | | | |  |  | | --- | --- | | **Endorsing IT Lead** (for digital projects only) | | | **Full Name** | **Position** | | **E-mail** | **Phone** | | | | | | | **Signature** | | | | | | *I have reviewed this application, endorse the proposed project and support the request for funding to the Charity* | | | | | | **CW+ contact if relevant** |  | | | | | **Total funds applied for** | £ | | | | | **Endorsing Divisional Director or equivalent senior Trust stakeholder** | | | | | | **Full name** | | **Position** | | | | **E-mail** | | **Phone** | | | | **Signature**  *I have reviewed this application, confirm that it complies with the Trust procedures and will lead its evaluation at the Trust Executive Board* | | | | | | Applicant signature(s):  I understand that I will be required to attend follow up meeting as agreed in the evaluation plan.  I understand that I may be contacted by CW+ for communications and further information on my funded activity.  I declare that all information I have provided is true and correct. | | | | | | **Date:** | | | **Start date and duration:** | | |

**Please send your signed application to** [**grants@cwplus.org.uk**](mailto:grants@cwplus.org.uk)

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| **1. Plain language summary of the project** |
| *Short overview of problem, proposed solution and high level benefits. (150 words max)* |
| 1. **Problem** |
| *What patient care problem(s) are you aiming to solve with this initiative. What is wrong and not working? (150 words max)* |
| **3. Solution** |
| *What is your proposed solution? (150 words max)* |
| 1. **Goals and Impact** |
| *What are the specific outcome-based objectives of the project? Please state 1-3 SMART (Specific, Measurable, Achievable, Realistic, Timed) objectives, using the table below. An example is provided to get you started.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **What** are your **specific goals**? | **How** will you **measure Impact**? | **Where** & **When** will you measure? | **How many** measurements are you planning? | How do you define **success** and **compared to what?** | | *Eg. Improve quality of post-burn scaring* | *Patient observer Scar assessment scale* | *Burns unit, 12 months following start of service* | *Approx. 60 patients* | *25% improvement from start to end of treatment* | |  |  |  |  |  |   *Please note that should the project be funded, impact reports are expected every six months (interim, if applicable) and at the end of the project (end-of-project).* |
| 1. **Alignment with Trust Priorities** |
| *How does this application further the priorities and objectives of the Trust? (150 words max)* |
| 1. **Finances** |
| *Please quantify project costs and any expected cost savings. Training, deployment, and ongoing support, along with any integration or IT work that will need to be delivered by the Trust, must be costed. (150 words max)* |
| 1. **Project Plan** |
| *Please outline the timeline and project implementation plan. This should include a training, deployment, and ongoing support plan as appropriate. (150 words max)* |
| 1. **Monitoring and Evaluation** |
| *How will you monitor the work, measure its success and ensure its quality? (150 words max)* |
| 1. **Other Information** |
| *Please include any relevant references supporting your application.* |