

Small Grant Application Form Guidelines

Registration

You will need to register before you begin to complete an application form. After connecting to the online application you will need to enter and confirm your email address, then enter and confirm your chosen password. After registration, you may return to the webpage and retrieve your application form at any time (up until it is submitted) by logging in using your email and password. If you forget your password, you can ask to be sent a reminder.

Eligibility Quiz

After you have registered you will be guided to an Eligibility Quiz. You will have to answer all of the questions below and satisfy our requirements before being guided to our application form.

1. Have you read the Foundation's guidelines on grant applications? Yes/No
2. Are you an NHS Lothian staff member or employed by a GP practice contracted to provide NHS Lothian services? Yes/No
3. Does your proposal seek to improve the health of the people of Scotland? Yes/No
4. Does your proposal meet at least one of our five Strategic Aims? Yes/No
 - Strategic aims are Improve the health of the local community, Improve the patient / carer experience, Help transform the healthcare system, Reduce health inequalities and Investment in preventive medicine
5. Does your proposal aim to help at least one of the beneficiary groups the Foundation wishes to benefit? Yes/No
 - Beneficiary groups include Chronic Disease, Physical Disabilities, Mental Illness, Learning Disabilities, Sensory Disabilities, Older People, Young People, Ethnic Minorities, Facing Health Inequalities, Carers, Other - specified by applicant

Eligibility Quiz Passed

If you successfully complete the Eligibility Quiz, you will be guided to a Data Protection Statement and on to the Application Form itself.

Eligibility Quiz Failed

If you fail the Eligibility Quiz you will see a list of reasons why you may have failed the test.

- 1 Have you read the Foundation's guidelines on grant applications?
- 2 Are you an NHS Lothian staff member or employed by a GP practice contracted to provide NHS Lothian services?
The Small Grants programme is only open to NHS Lothian staff and staff employed by a GP practice contracted to provide NHS Lothian services so if your employment status is neither of those categories, the Foundation cannot accept your application.
- 3 Does your proposal seek to improve the health of the people of Scotland?
If your proposal does not seek to improve the health of the people of Scotland then you are not eligible to apply.
- 4 Does your proposal meet at least one of our five Strategic Aims?
If your proposal does not meet at least one of our five Strategic Aims please do not apply.
- 5 Does your proposal aim to help at least one of the beneficiary groups the Foundation wishes to benefit ?
If your application doesn't help at least one of the stated beneficiary groups or you are unable to state the name of your affected beneficiary group, please do not apply.

Data Protection Statement

The information supplied on the Application Form will be used to process your application. Your personal details will be retained to update the Trustees' records relating to applicants and grantees. Your personal details will not be disclosed by us to any third parties without your prior consent.

Please note that by submitting a completed Application Form, you will be giving the Trustees your explicit consent to our processing of your personal details as described in this Application Form. The Trustees will contact you if further information is required before your application can be considered.

Application Form Section A – APPLICANT DETAILS

(* denotes a mandatory field, i.e. you will not be able to continue to the next page unless it is completed)

A1 *Organisation name	<i>Here you should enter the applicant organisation name, eg NHS Lothian, GP Practice name, University of Edinburgh, Health Charity etc. 100 characters maximum including spaces.</i>
A2 *Legal status	<i>Depending on employment status choose NHS Lothian or General Medical Services (for those applying from a GP practice <u>contracted</u> to provide NHS Lothian services)</i>
A3 *Applicant name, job title / office, correspondence address, contact number and e-mail address	<i>Here you should enter the name of the lead applicant, who will normally be responsible for all correspondence, outcome reporting and overseeing the success of the project.</i>
A4 1 st Co-applicant name, job title / office and e-mail address	
A5 2 nd Co-applicant name, job title / office and e-mail address 1 st Co-applicant	
A6 Please give the name of your management accountant, finance officer or cashier as appropriate	<i>This helps to ensure any funding awarded and paid is charitable funding so treated accordingly if unspent at the end of a financial year.</i>

Application Form Section B - PROJECT DETAILS

B1 *Title of the project for which funding is requested	<i>150 characters maximum including spaces, in layman's terms.</i>
B2 *Proposed start date	<i>Must be within 1 month of grant award letter or potentially longer through negotiation with Grants Manager</i>
B3 *Project Duration	<i>As a guide 6 months maximum – projects longer than this will be considered only in exceptional circumstances. 20 characters maximum including spaces.</i>
B4 How much funding do you need?	
B5 Please list your related project costs	<i>List costs indicating where applicable if they are being covered by other organisations involved in the project. Since some projects may involve multiple partners and some costs may not be ELHF fundable, listing all costs</i>

	<i>gives a sense if ELHF is being asked to fully fund a project or partially and if only partially funding it, what specific costs are for ELHF funding.</i>
B6 *Have you, your department or ward received funding from the Foundation before?	
B7 *Select which theme best describes your project	<i>Please select one: Arts in Health & Wellbeing, Patient & Carer Welfare, Public Health Interventions</i>
B8 Select which of our Strategic Aims your project will meet	<i>Select all that apply: Improve the health of the local community Improve the patient / carer experience Help transform the healthcare system Reduce health inequalities Investment in Preventive Medicine</i>
B9 Which group will benefit from this grant	<i>Choose from Chronic Disease, Physical Disabilities, Mental Illness, Learning Disabilities, Sensory Disabilities, Older People, Young People, Ethnic Minorities, Facing Health Inequalities, Carers, Other - specified by applicant</i>
B10 If other (above), please give details	<i>1000 characters maximum including spaces.</i>
B11 *Short Project Outline	<i>900 characters maximum including spaces.</i>
B12 Give a full project outline providing as much as detail as you can, please see help note (? icon) for guidance	<i>During the assessment process, our panel will review your application to identify how it contributes to our strategic aims, why your project is needed, how it will be monitored and it's success evaluated at the end of the project, how the resulting benefits will be sustained, ongoing costs met and any information or skills learnt will be disseminated, how the project will address equality, diversity and health inequalities including the specific health inequality or inequalities being addressed. 4000 characters maximum including spaces.</i>
B13 How did you hear about the Edinburgh and Lothians Small Grants programme?	<i>Choose from Staff Newsletter, Media Release, Hospital Walkarounds, Grant Surgery, Application Information Leaflet, Annual Public Meeting, Heard from a colleague, Recommendation from another organisation or contact, Internet / Intranet Search, Previous Applicant, Database of grant funders, Other – please specify (see C7)</i>
B14 If you chose Other for B13, please state how you heard about the Grants programme	<i>4096 characters maximum including spaces.</i>

REVIEW & SUBMIT

After completing the application form, including all mandatory fields and uploading any documents, you will have the opportunity of reviewing your application by clicking **Review**. If you need to make any further amendments, you can click **Revise**, which will take you back into the form.

If you wish to share the application with others for review before submission, on the **Review** Screen, choose File / Save As and choose file type 'Webpage, complete (*.htm, *.html)', amending the file name and leaving the Encoding as 'Western European (ISO)'. Then choose **Revise** and **Save and Exit**. This will allow you to send the file to co-applicants and the application form can be amended in light of any comments by going back

to the log in screen for the online application form through our website and 'Apply for a Grant', choose the grant programme you're applying for and log in under 'Retrieve your Application'.

Once you are happy with your application and are ready to submit it, click **Submit** which is located at the bottom of the **Review** screen. If you click **Save and Exit** the application will not have been submitted, therefore to submit you need to log back into your application form, choose your application form and click **Continue**. You will then be able to go to the final page of the application form and choose **Review** then **Submit** to submit your application.

You will receive an email confirmation and a copy of your full Application. You will also be guided to a Feedback form; we would be happy to receive any constructive feedback on the online application process, as this will help the continued development and improvement of our grantmaking process. Once submitted, you cannot change or re-submit an application again.