

! All internal processes
have been completed

APPLICATION FORM

Bid for Charitable Funds Expenditure Over £5,000

PLEASE READ THE FOLLOWING BEFORE YOU BEGIN

- This is an interactive PDF. Complete it, save it, and submit it **without printing**.
- All questions are required unless indicated.
- Should you have any questions about the application process, [contact details for members of the charitable funds team](#) are available online.
- You will need information about our funds to complete the application. [Fund information including managers and objectives](#), is available online.
- The Trust Business Case Number (2.2) must be obtained from the capital accountant. They can be reached at Amersham on extension 4965.
- Questions marked with a ! will be completed by the charity following submission.
- There are continuation sheets at the end of the form if you need additional space.
- Before an application is submitted to the Charity, applicant(s) must certify that the fund holder(s) have been informed about the expenditure, and that they agreed with it.
- Applicant(s) must also certify that the application has been authorised by the appropriate Committee, Sub-Committee, or Group within the Trust.
- Once complete, approved by the appropriate Committees/Subcommittees, and signed, please email it, along with all supporting documents to [the charitable funds team](#).
- After an application is submitted to the charity, it will be sent to the DoF, Chief Executive Office or CFC in order to be approved.
- If the application is approved, the charity will contact the applicant(s) in order to complete a Non-Stock Requisition to complete the Purchase Order.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

1. Business case title

2.1. Department

2.2. Trust business case number

3. Business case prepared by

4. Business case sponsored by

! 5. Unique business case number

6. Proposed total expenditure

7. Fund name

8. Fund number

! 9. Fund balance

! 10. Fund balance date

11. Objective of the funds

12. Governance

In order to certify that this project is eligible for the use of charitable funds and complies with the Charity's Governance **ALL** of the following are compulsory. You may need to come back to this checklist to tick requirements off after completing subsequent sections of the bid.

- Compliance with the objective of the fund(s)
- Demonstration of the Direct Benefit to Patients
- Expenditure is over and above the level that the NHS Trust would be expected to cover
- Expenditure represents an enhancement to the service that the Trust must provide to the patients
- Fund holders have agreed with this application
- Bid Presented and supported by appropriate Committees

13. Summary of bid

Detail how this bid translates demonstrably to relief of sickness of NHS patients from Buckinghamshire Healthcare NHS Trust and improvements in the patients' physical conditions **over and above** the level that would normally be provided by the Trust. Then outline how this bid complies with the objective of the charitable fund that is expected to pay for this expenditure.

14. Bid/project direct impact in the services to patients

The impact is all the changes resulting from this activity, project or service. It includes intended, positive, and short-term / long-term effects.

18. Propose funding cashflow

Indicate the length of the project and expenditure expected during this period. Funding cannot be requested for a maximum period of three years. The totals here **MUST** match the totals of the funding requirements in section 17.

Description	Year 1	Year 2	Year 3	Total
Staff				
Non-staff				
Capital				
Total				

19. Revenue implications

Source of funds to cover recurring costs if any?

20. Case of need

Continue on blank pages at end of document if you need more space.

21. Are you replacing equipment purchased by Charitable Funds?

22. Trust approval authorisation

- Answer 'Yes' if presented and agreed. Copies of authorisation must be supplied.
- Answer 'No' if not presented or rejected.
- Answer 'NA' if the application does not need to be presented to that Committee, Sub-committee, or Group.

	Y / N / NA	Name	Date
Fund holders authorisation			
Divisional Director			
Operational Director			
Director of Facilities			
Medical Equipment Panel			
Research Committee			
IT Capital Management Group			
Property Service Capital Management Group			
Capital Management Group			
Other Committee / Subcommittee			

23. Authorisation

Up to £50,000	Print:	Date:
Director / Deputy Director of Finance	Sign:	

Up to £50,000	Print:	Date:
Chief Executive	Sign:	

£50,000 to £100,000	Print:	Date:
Charitable Funds Committee	Sign:	

From £100,001	Print:	Date:
Board	Sign:	

24. Support services collaboration

Provide impacts, costs and resource to support, and the name of the person who has confirmed.

24.1. Estates	Name:	Date:
Accommodation requirements / building alterations / new building. Impact on energy consumption; electrical requirements; water; medical gases. PFI costs e.g. cleaning / portering.		
24.2. IT Department	Name:	Date:
Additional IT hardware; software implications; data storage, network connection, IT resource requirements. IT equipment must be authorised to ensure compatibility with Trust systems.		
24.3. Procurement	Name:	Date:
Procurement mechanism (e.g. 3 quotes, invitation to tender, framework deal, OJEU). Consider availability, purchase storage & disposal of consumables.		
24.4. Pathology	Name:	Date:
Additional IT hardware; software implications; data storage, network connection, IT resource requirements. IT equipment must be authorised to ensure compatibility with Trust systems.		
24.5. Radiology	Name:	Date:
Any impacts on Pathology to deliver the business case.		

24.6. Clinical Engineering	Name:	Date:
Provision of maintenance and support, including service contracts, documentation manuals. Advice on standardisation, Trust Policy and Training. Requirements for installation and support of the equipment e.g. servicing, engineer training, disposal of old equipment.		

24.7. CSSD	Name:	Date:
Any special decontamination or sterilisation procedures. Purchase of additional accessories for CSSD exchange.		

24.8. Infection Control	Name:	Date:
Any special handling procedures (clothing, tools etc). Advice on cross-infection issues.		

24.9. Other	Name:	Date:
Outline any other departments that may be impacted, including the detail of the impact.		

! Recommendation / Ratification by Charitable Funds Committee

Approved Rejected

Print:	Date:
Sign:	

Continuation

Please indicate question number(s) if this sheet is used.

Continuation

Please indicate question number(s) if this sheet is used.

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