



# Cardiac Rehab Support West Sussex

supporting cardiac patients and their carers in the West Sussex area

## CRSWS Grant Application (Under £500)

### 1. About you....

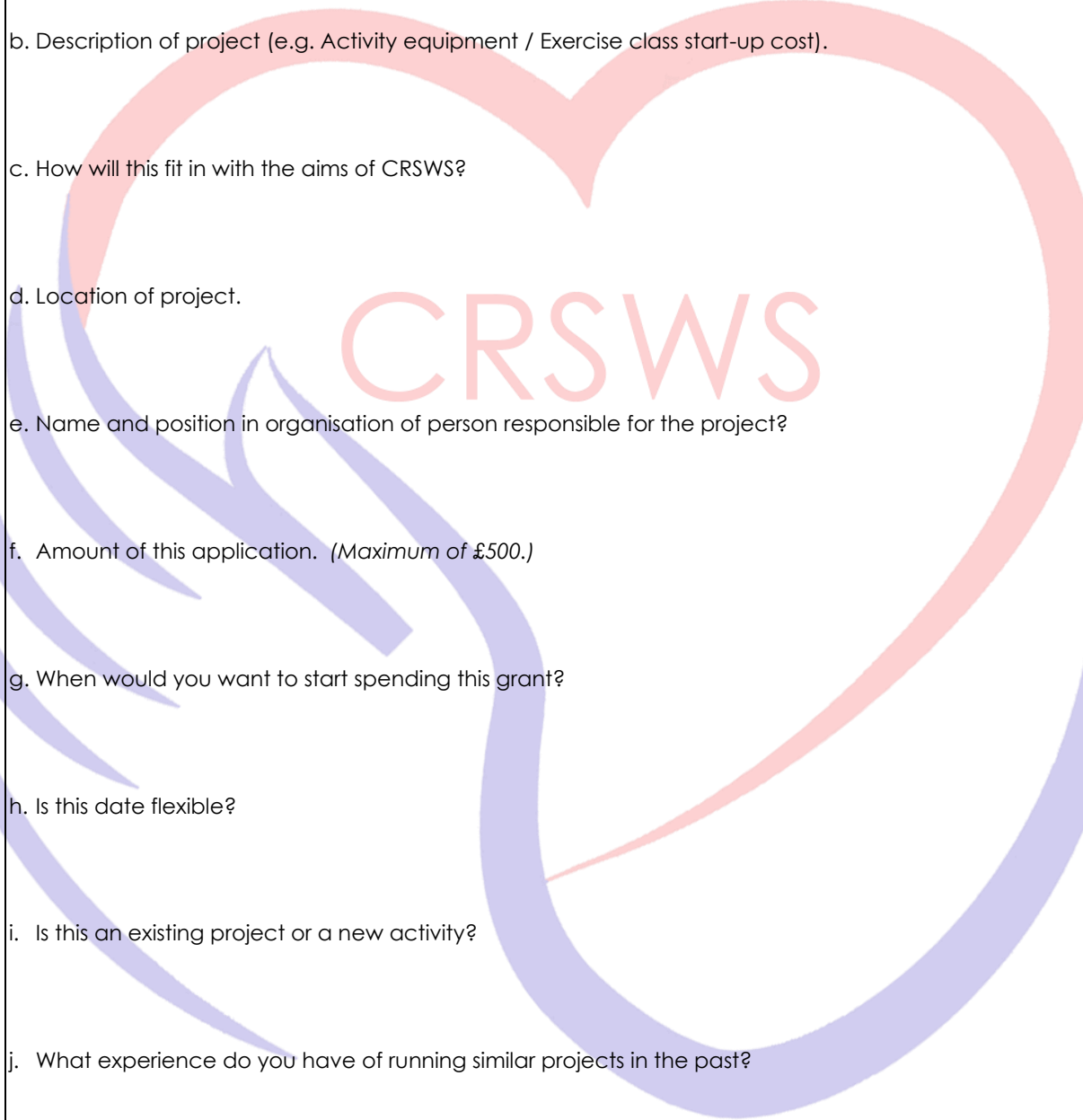
Your contact details	
Title:	First name:
Last name:	
Address:	
Post code:	
Daytime telephone number:	
Evening telephone number:	
Email address:	

### Or your organisation, if appropriate...

Your Organisation		
Are you a charity?	*Yes	*No
What is your role/job title in your organisation?		
How many people work in your organisation?		Number
Employees?		
Volunteers?		

\*Please ring as appropriate

## 2. Your Project<sup>1</sup> (please see notes on page 4)



a. Project title (e.g. Purchase of equipment).

b. Description of project (e.g. Activity equipment / Exercise class start-up cost).

c. How will this fit in with the aims of CRSWS?

d. Location of project.

e. Name and position in organisation of person responsible for the project?

f. Amount of this application. *(Maximum of £500.)*

g. When would you want to start spending this grant?

h. Is this date flexible?

i. Is this an existing project or a new activity?

j. What experience do you have of running similar projects in the past?

<sup>1</sup> The word 'project' is used throughout our documents. A project can mean anything from a scheme, service, course of action or item of equipment you have plans for. It can also mean an activity you plan on delivering.

Cardiac Rehab Support West Sussex is a registered Charity No. 1154903

**Registered address:** 27 The Avenue | Shoreham-by-Sea | West Sussex | BN43 5GJ  
**Email:** [info@cardiacrehabsupport.org.uk](mailto:info@cardiacrehabsupport.org.uk) | **Web:** [www.cardiacrehabsupport.org.uk](http://www.cardiacrehabsupport.org.uk)

### 3. Referee

Please provide details of a suitable person, external to your organisation and/or family, who we can contact to confirm the information you have given about yourself/your organisation.

Referee's contact details		
Title:	First name:	Last name:
Address:		
Post code:		Email address:
Daytime telephone number:		Evening telephone number:
How long has your referee known you or your organisation?		
How do they know you or your organisation?		

### 4. Publicity

How do you propose to recognise the support of CRSWS for your project, e.g. mention in newsletter, programme, press release, etc.? Please give details.

### 5. For our information

How did you hear about our grants programme?

### 6. Declaration

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**Declaration (to be signed by the applicant)**

- I confirm that this application has been made in good faith and that if successful I will abide by the CRSWS conditions of grant.
- I have fully completed this application form, and enclosed cost estimates for the project.
- I understand that any enclosures will not be returned.
- I agree to make invoices/receipts available on completion of the project on request.
- I agree to abide by any conditions set out by CRSWS in making the award.
- I agree to return any grant made, if it is no longer possible to proceed with the project as detailed in the application.

**Signed:****Print name:****Date:**

CRSWS

**Notes:**

- Project title – This should be a brief.
- Description of project – This should be a brief but clear description of the project and state what it is for.
- The aims of CRSWS are set out in our leaflet entitled “All about Grants” - Briefly state how your project will help CRSWS achieve these aims.
- Location of project – Please state where your project will take place.
- Names of people responsible for the project – Please give the names of persons responsible for the project and reporting success.
- Amount of application – How much are you applying for, **up to a maximum of £500?** Also, are you applying for other grants, fundraising, or using existing funds held by your group?
- Timetable for implementation – When do you need the funds?
- Is this date flexible? – CRSWS Trustees meet 4 times a year to consider applications for grant funding (on the second Monday in January, April, July and October). Would you wish us to consider your application more quickly if we can?
- New or existing activity – Is this new or are you intending to add to an existing project or activity?
- Experience – Are you experienced at running projects such as this, or similar activities? If so, please give brief details.

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**Please note:**

Requests for support should be received no later than **midday on 25 December, 25 March,**

**24 June or 24 September.**

CRSWS Trustees meet each year on the second Monday in January, April, July and October to consider requests for assistance, deciding which requests meet agreed criteria and granting assistance in approved cases. A condition of any grant awarded is that:

- it will only be used for the purpose you described in your application and the Trust may require evidence (for example receipts) to confirm that this has taken place,
- you agree to return any grant made, if it is no longer possible to proceed with the project as detailed in the application, and
- you will be asked to report to the Trust on the impact the grant has made. To do this the Trustees may require you to attend an assessment meeting and/or complete an assessment form.

If these conditions are not met you may be required to repay the grant to the Trust.

**Please return this completed Grant Application in an envelope marked 'PRIVATE' to:**

**The Trustees, Cardiac Rehab Support West Sussex, C/o 27 The Avenue, Shoreham-by-Sea, West Sussex, BN43 5GJ.**

**Alternatively a scanned completed copy of this application can be sent to CRSWS at:**

[info@cardiacrehabsupport.org.uk](mailto:info@cardiacrehabsupport.org.uk)

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