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**LOCAL GRANTS AND EXPENDITURE REQUEST FORM**

**Note: Before submitting your application, please read the Finance and Local Grants policy to ensure the request meets the criteria for eligibility. The Local Grant guidance document sets out the process for the submission and approvals process. The volunteering team can help with any questions you may have. Please complete and submit relevant sections of the form, attaching copies of any supporting correspondence. This form covers applications for local grants and for any expenditure on any one local network activity which exceeds £1,500.**

|  |  |
| --- | --- |
| Local Network Name |  |
| 1. FOR LOCAL GRANT REQUEST |  |
| Recipient Name (e.g. Service, Health Care Professional, Organisation) |  |
| Recipient Contact Name (if different) |  |
| Telephone Number |  |
| Email Address |  |
| Type of local grant (this must meet the criteria for eligibility as set out in the policy, e.g. hospital equipment, staff support, service development)  |  |
| Amount requested(A maximum of up to £5,000 per grant application and varies according to purpose of grant)  |  |
| 2. FOR NON LOCAL GRANT EXPENDITURE (in excess of £1,500) |  |
| Purpose of expenditure (for what type of activity is the expenditure needed e.g. direct costs for a large scale fundraising event, how it will **directly** benefit people affected by Crohn’s and Colitis)  |  |
| Amount requested |  |

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|  |  |
| --- | --- |
| Local Network Name |  |
| 1. FOR LOCAL GRANT REQUEST |  |
| Purpose of grant Please include why the grant is needed; why you think it should be funded by Crohn’s & Colitis UK, how it will **directly** benefit people living with Crohn’s and Colitis and how will this be funded after the grant ends (if applicable) |  |
| Total cost of grant activity/service/project.  |  |
| Has the organisation been asked to fund this? If no, please explain why. |  |
| If Crohn’s & Colitis UK is not funding the full amount of the grant, where will the balance come from? |  |
| Communication of local grant (Please include here plans for sharing with members the awarding of the grant, for example on social media, newsletters, annual reports and also any publicity or reporting requirements you have agreed with the recipient)  |  |
| Any other comments/information |  |

**On behalf of Network:**

*Print name and sign*  **……………………………………………… Date: ……………………………………**

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| --- |
| **For office use** |
| **Application Form received** | **Received by: Date:***Print name and sign*  |
| **Approved? Yes No**  | **Approved by: Date:** *Print name and sign* |
| **Network notified of outcome** | **Notified by: Date:***Print name and sign* |

**Please send completed form and any supporting documents to:**

networks@crohnsandcolitis.org.uk