



COVID-19 Health Care Support Appeal

Grant Application Form

CHSA is offering funding to organisations that support health and care workers during the COVID-19 crisis.

Funds available are to support health and care workers who are affected by the crisis.

Please complete the form below to apply and return it to chsa-admin@rcn.org.uk

Section 1: Applicant details

Name of organisation:	
Your name:	
Your job title/connection to organisation:	
Address:	
Postcode:	
Telephone:	Mobile:
Email:	

Description of your organisation

Please tell us:

- What your organisation does
- Your organisation's legal status
- Who your beneficiaries are
- Where you operate
- Your annual income
- Any other information that you feel is relevant.

Please submit your most recent financial accounts with this application.



Section 2: Grant request

1. How have your beneficiaries been affected by the COVID-19 crisis? [250 word limit]

2. How much money are you requesting?
Please provide an outline budget for the funding requested

3. Within what period of time will the money be used?



Grant request continued...

- 4 In the section below please describe how the money will be used. [1,000 word limit]
Please include the following:
- Who will be supported?
 - How many people will the funding support?
 - What job role(s) within the health and care workforce are they in?
 - How will they be supported?
 - What difference will the funding make to your beneficiaries?
 - Which UK countries do they live in?
 - If they live in England, please specify which region.
 - How will you plan to ensure that the funds will reach those most disadvantaged by COVID-19?
 - What provisions have you in place for those individuals where English is not their first language?



Grant request continued...

5 How will you measure the impact of the funding? [500 word limit]

We want to know:

- How you will know you are making a difference?
- How will you measure this?

6 Please highlight any potential opportunities for fraud and set out what mitigations you have in place to help address this. [500 word limit]



Declarations and signature

I agree to provide accurate information and account of activities funded by the grant on a fortnightly basis.
I agree on behalf of the named organisation to meet the conditions of the grant as described in the application form.

I confirm that all of the information provided in this application form is true and correct.

Signature

Date