

Reference Number



Medium Grant Programme

Application Form

Before you complete you application form, please read the Medium Grant guide.

1. Title of project	
2. Sirona Staff Division. Sirona Care & Health staff please add the department leading the project/grant application. Independent community organisation add your organisation address and website details.	
3. Tell what Sirona Foundation Criteria your project addresses? Sirona Foundation project priorities: <ul style="list-style-type: none"> • Improved health and wellbeing in local communities • Reduced health and economic inequalities in local communities • Maintain greater independence • Support people to live their daily lives • Support staff training to improve knowledge of technology, treatments, knowledge and medical research. • Projects that have been co-designed with service users. 	
4. Project proposal, describe your project.	

<p>5. Why is the project/funding needed and how you have identified that need.</p>	
<p>6. Project Impact. Please describe the anticipated benefits of this application for local communities or individuals</p>	
<p>7. How many people to you expect your project to help?</p>	
<p>8. Geographical area covered by your project?</p>	
<p>9. Project Cost. How much are you applying for, please list all costs associated with the project?</p> <p>Give a detailed breakdown of costs e.g. Include:</p> <ul style="list-style-type: none"> • Revenue costs e.g. administration, staff costs (not Salary) 	

<ul style="list-style-type: none"> • Capitals costs e.g. equipment <p>Include details:</p> <ul style="list-style-type: none"> • Any match funding (funding from other sources) please show in your list. • Shortfalls, how you will fund any shortfalls in your project cost. 	
<p>10. Match Funding: Please describe any additional funding or support received from other sources to support this scheme</p>	
<p>11. How will you measure the outcomes and how will you maintain the outcome of your project and meet any ongoing costs when the Foundation funding finishes?</p>	
<p>12. You will need to submit a monitoring report every six months during the time the project is running, when do you expect to submit your reports, please give estimated dates. A full evaluation will be required at the end of the project and an expectation that the project is written up and shared locally and if relevant Nationally</p>	
<p>13. How will you promote the Sirona Foundation (Sirona Staff - within the scheme)?</p>	

14. Total Grant Requested	£			
15. Project start Date				
16. Project expected end date				
<p>17. BANK account details: this will be the account a grant will be paid into if awarded.</p> <ul style="list-style-type: none"> • Name on account • Account number • Sort Code • <p>PLEASE INCLUDE A COPY OF YOUR LATEST BANK STATEMENT WITH YOUR APPLICATION.</p> <p>Sirona Staff: please tell us what department account the grant will be paid into.</p>				
18. Approved by. (For Sirona Staff only)				
<p>19. Grant application main contact details This is the person we will contact regarding the application.</p>	<p>Name:</p> <p>Email:</p> <p>Contact number:</p>			
20. Proposal Submitted by	<table border="1"> <tr> <td>Name _____</td> <td rowspan="2">Date</td> </tr> <tr> <td>Signature _____</td> </tr> </table>	Name _____	Date	Signature _____
Name _____	Date			
Signature _____				

For office use only:

Proposal Approved	
Signature Trustee	
Signature Trustee	
Date	

All signed copies to be retained in Sirona Finance Department