

Reference Number

Small Grant Programme Application Form

1. Title of project	
2. Division. Sirona Care & Health staff please add the department leading the project/grant application. Independent community organisation: <ul style="list-style-type: none">• Organisation name• Organisation address• Website address	
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 and education to improve the use and knowledge of technology, treatments and medical research.• Projects that have been co-designed with service users. Any project that is for or that would affect a service user much be co-designed and produced with the person/people	
4. Project proposal	
5. How many people to you expect your project to help?	
6. Geographical area covered by your project?	

<p>7. How much are you applying for, please list all costs Associated with the project?</p> <p>Give a detailed breakdown of costs e.g.</p> <ul style="list-style-type: none"> • Services • Services • Equipment <p>Include details of any match funding (funding from other sources)</p>	
<p>8. Project Impact. Please describe the benefits of this application for local communities or individuals</p>	
<p>9. How will you measure the outcome of your project and meet any ongoing costs when the Foundation funding finishes if the initiative is to continue</p>	
<p>10. Match Funding: Please describe any additional funding or support received from other sources to support this scheme</p>	
<p>11. A final report and evaluation of the project will be required at the end of the project demonstrating what you have done during and/or at completion of the project.</p>	
<p>12. How will you promote the Sirona Foundation within the scheme?</p>	
<p>13. Total Grant Requested</p>	
<p>14. 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>Sirona Staff: please tell us what department account the grant will be paid into.</p>	

15. Project start Date		
16. Project expected end date		
17. Approved by. For Sirona Staff		
18. Grant application main contact details	Name: Email: Contact number:	
19. Proposal Submitted by	Name Signature_____	Date

For office use only:

Proposal Approved	
Signature Trustee	
Signature Trustee	
Date	

All signed copies to be retained in Sirona Finance Department