

Grant Application Form

Medicash is one of the oldest and most respected healthcare cash plan providers in the UK today. With over 150 years of experience in pioneering healthcare solutions, we've made it our business to offer the leading choice in positive health plans, however, one of the traditions that we remain most proud of is our commitment to charitable giving.

The Medicash Foundation makes regular donations to health-related charities and has given away over £2.25 million over the last five years.

Please note, The Medicash Foundation is currently only accepting applications from charities based in the North West, or for projects which have a direct impact on this region.

Please ensure that you complete this form in full and that all information in relation to your application are included. Any additional supporting information supplied will only be made available to the panel if requested by them once they have reviewed your application.

Section 1 About your charity

Name of Charity

Registered Address

Charity Registration No.

Telephone

Fax

Email

Contact Name

Address (if different to above)

Job Title

Telephone

Mobile

Email

Section 2 Declaration

I hereby declare that the information provided by me in relation to this application is complete and accurate and I give my permission to The Medicash Foundation to make any reasonable enquiries that it deems necessary to validate this. I also agree to partake in any reasonable promotional activity requested by Medicash.

Signature

Date

Section 3 Briefly describe the main activities of your charity (up to 200 words)

Section 4 About your project

Project Name	
Project Start Date	Is the Project: New
Project End Date	Existing
Geographic Area Covered	
Number of Individuals who will benefit	
Please provide a brief overview of the project including the expected benefits/outcomes (up to 750 words)	

Section 4 About your project (Continued)

Total Project Cost	Funding Secured to Date
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How will any shortfall in funding be met?

Total amount requested from The Medicash Foundation

Section 5 Please provide a full breakdown of the project costs

Item / Description	Amount (£)

Section 6 Additional documents attached

Please list all additional supporting materials attached. Please note that this information will only be made available to the panel at their request and all relevant information to your project should be contained within this application form.