**For office use only:**

|  |  |  |
| --- | --- | --- |
| **Date received** | **App number** | **District** |

**PPG GUIDANCE AND APPLICATION FORM**

**For PPGs to access a budget of up to £1,000 to help them to achieve one or more of the following:**

* Support the growth and development of a PPG
* Improve health, wellbeing and knowledge of patients to develop self-care and prevention for the practice population
* Support innovation and development of new ideas

Please return your completed and signed form to:

Suffolk Community Foundation

The Old Barns

Peninsula Business Centre

Wherstead

IPSWICH

Suffolk IP9 2BB.

If you have any questions, please call us on 01473 602602.

Suffolk Community Foundation is a registered charity (1109453) and

a company limited by guarantee (5369725).

Name of your PPG and practice:

GP address details

|  |  |
| --- | --- |
| Address Ln1 |  |
| Address Ln2 |  |
| Address Ln3 |  |
| City/Town |  | Postcode |  |
| Main phone |  | E-mail |  |
| Website |  |

|  |
| --- |
| Main contact (We will use these details for correspondence) |
| Title |  |
| Forename |  |
| Surname |  |
| Role |  |
| Daytime Tel No. |  |
| Evening Tel No. |  |
| Fax No. |  |
| Mobile No. |  |
| Email |  |

**Your ideas**

Please describe why you are applying for funding.

What do you intend to do with the money if your PPG is successful? (No more than 200 words.)

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|  |

What difference will this money make to your PPG and the patients that use the surgery?

What do you hope to achieve? (No more than 200 words.)

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|  |

How have you involved other members of your PPG and patients of the surgery in development of this application?

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|  |

Please outline, in no more than 200 words, how your ideas help to support the CCG’s self-care and prevention agenda.

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|  |

If you are applying to run a particular event or activity, please tell us when this will take place.

(N.B. You have one year to spend the grant award.)

|  |
| --- |
|  |

Please outline how you intend to spend your funds, if your application is successful. Please ensure you keep receipts as proof of spend

|  |  |
| --- | --- |
| Item / activity | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

How will you determine/measure whether your idea and/or activity has been a success?

What metrics or criteria will you use? (No more than 200 words)

|  |
| --- |
|  |

**Section two: finances**

Payment will be made to the GP practice in which your PPG is situated. Please supply the relevant bank details below

**Details of GP practice bank account**

|  |  |
| --- | --- |
| Bank account name |  |
| Bank account number |  |
| Bank sort code |  |
| Bank name and branch |  |

**Declaration**

* I am authorised to submit this application on behalf of the PPG, and certify that the information enclosed is correct.
* I understand the PPG will be required to monitor the grant and, once spent, will provide a report which will include case studies, photos and an explanation and description of the otucomes. This report must be provided one year after receipt of payment.
* All promotion must include IESCCG and SCF logos, available on request from SCF.
* All money will be held within the GP practice accounts, ring fenced solely for the use of the PPG.
* By submitting this form, we give SCF permission to hold the data and use it in its marketing and reporting.
* I accept that IESCCG or SCF staff may visit any activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (applicant) |  | Date |  |
| Name (please print clearly) |  |  |  |
|  |  |  |  |
| Signed (practice manager) |  | Date |  |
| Name (please print clearly) |  |  |  |
|  |  |  |  |