

## Please read the guidance below before applying to the Staff Lottery Bids Panel

- 1. The Trustees have approved allocation of funds to the Panel to support the following themes:
  - Patient and staff environment, including art and other aesthetic and other improvements
  - Patient dignity, respect and experience including amenity improvements and cultural awareness
  - · Promotion of health and wellbeing
  - Promotion of quality and safety

Due to the contribution of the Staff Lottery income, the Panel particularly welcome projects that promote wellbeing of staff.

- You must confirm that you have discussed your project with your Clinical Board Accountant to ensure all other sources of funding have been examined before application, including departmental budget and capital funding. You must also consider existing departmental charitable funds. Contact the Charity Office for clarification if in doubt.
- 3. Projects will only be accepted for consideration by the Staff Lottery Bids Panel Chair and Vice Chair where no other funding source is available.
- 4. All purchases, irrespective of the source of funding, have to be made following the UHB's Standing Financial Instructions, policies and procedures.
- 5. Before submitting the application to the Panel, accurate costs (quotes/tenders) must be obtained from the supplier and included with the application. The Procurement department will be able to assist in compiling a full breakdown of costs.

## PLEASE NOTE if items 7-11 apply to your project, as applications will be returned if incomplete.

6. If the project includes purchase of medical equipment, a Medical Electrical Equipment Purchase form (MEEP2) must be completed and emailed to Clinical Engineering, prior to application to Staff Lottery Bids Panel. Clinical Engineering will provide a guide price for maintaining the equipment in-house or provide indicative costs from the manufacturer for support costs following the warranty period.

- 7. If the project involves any building or engineering works (such as fixing items to walls) please contact Estates Department and request a cost estimate. This must be attached to your application for review.
- 8. If the project includes purchases for a clinical area, the application must be seen by Infection Prevention and Control and comments attached to the application for review.
- 9. If the project involves any IT equipment, the application must be seen by IM&T, and comments attached to the application for review.
- 10. If the project involves any television or broadcasting equipment, the application must be seen by the Communications team, and comments attached to the application for review.
- 11. The application and all supporting information (ie, quote/tender information, comments) should be forwarded to the Director of Operations for the relevant Clinical Board, and the equivalent level of authorisation for those areas outside Clinical Boards.
- 12. Please forward a hard copy of the application with all the documentation to the Charity Office, Woodland House, Maes-y-Coed Road, Heath, Cardiff. CF14 4HH You can also email a scanned copy to fundraising.cav@wales.nhs.uk
- 13. The Director of Operations or equivalent and applicant will be advised of the outcome of the application.
- 14. The Charity Office will raise the official purchase requisition for approved applications.
- 15. The Health Charity is keen to take every opportunity to promote the work of the Staff Lottery Bids Panel and, more importantly, the effect these successful bids have on the patients and staff throughout the Health Board. Successful applicants may be asked to become a 'Charity Champion', helping to promote the Health Charity in their own area of work and department.
- 16. To discuss your project informally before submitting an application, please contact the Health Charity Team on exts 36041/36042.



## APPLICATION TO THE STAFF LOTTERY PANEL

In order for your application to be considered, please first review our Core and Non-Core Expenditure Guidance and Charitable Funds information on our website.

Applicant's Name: (capital letters)		
Designation:		
Base:		
Department:		
Tel/ext no:		
Email:		
What is the name of your project?		
What activity or project do you want us to fund?		
What don't you project do you want do to fand	•	
Time delivity of project do you want do to fand	•	
Timut doublety of project do you want do to faile	•	
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Who will benefit from your project?			
Patients: Public: Staff	: 🗆	All:	
How will your project make a difference? Please explain the need your project will meet a	nd how it will be	enefit the	groups identified.
Which of our priority outcomes will your pro	ject meet?		
Improvements to patient and staff environment			
Advancement of patients' dignity and respect			
Promotion of health and wellbeing			
Promotion of quality and safety			
What are the future additional costs or expe project? Who will hold responsibility for the		quences,	if any, from your
How will you acknowledge Cardiff & Vale He project?	alth Charity as	a grant	funder for your
We want patients, public and staff to know how in Cardiff and Vale University Health Board.	their donation t	o the Hea	alth Charity is spent

Please attach supplier quotes. If in doubt please contact your Procurement Tea	ım

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Total cost of project	£
or project	The maximum grant available using this form is £10,000 including VAT.
	I confirm that the total cost above includes delivery charge and VAT and is accurate and up to date.
	If you are unsure, please check with the Procurement department.
	Signed by:
	Applicant name:
	Date:
	I confirm that the project has full support and no other sources of funding are available.
	Directorate Manager, print and signature required
	irector of Operations Equivalent:
	linical Board or quivalent:
D	ate:

FOR CHARITY OFFICE USE ONLY
Have all endowment funds and other routes been sourced: Yes   No
Application to be submitted for review by Panel: Yes  No
Comments: