**LEAGUE OF FRIENDS OF THE JOHN RADCLIFFE HOSPITAL OUH**

**APPLICATION FORM FOR GRANT**

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| **NAME****POSITION** **DEPARTMENT****EMAIL****AUTHORISATION (DIRECT MANAGER)** | **AMOUNT FOR WHICH APPLICATION IS BEING MADE ( INCLUDING VAT)****DATE** |
| **BID TITLE**  |
| **FULL DESCRIPTION OF BID. ADD EXTRA PAGES IF NECESSARY.** **(PLEASE PROVIDE SUPPORTING QUOTATION)** |
| **REASON FOR THE REQUEST** |

**PLEASE FOLLOW GUIDANCE FOR APPLICATION AT ALL TIMES**

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| **SEE NOTE 1 SUBMIT ANSWERS TO THESE QUESTIONS WITH APPLICATION FORM TWO WEEKS BEFORE COMMITTEE DATE****IF APPLICATION ACCEPTED FOLLOW NOTE 2** **CONFIRM BELOW ACTIONS REQUESTED WITHIN TWO WEEKS. SUBMIT TO DAVID SIMPSON AT LeagueOfFriends-JR@ouh.nhs.uk** |