



REQUEST FOR FUNDING - APPLICATION FORM

Please complete with as much information as possible.

Name	
Address and Postcode	
Telephone Number	
Email	
What is the funding for?	
Why is it needed?	
What is the benefit to you?	



What is the cost?
Supplier details? Name of company, address, telephone number?
Please detail the reason(s) for requesting this item to be funded?
What other organisations have you approached?
Date required?

Signed.....Date.....

To be approved and completed by a senior member of staff within Renal Services

Name	
Job Title	
Renal Unit	
Address	
Email	
Telephone Number	

Sign.....Date.....



## APPLICATION PROCESS & INFORMATION

1. The Paul Popham Fund, Renal Support Wales will fund projects that will directly benefit the quality of life of Renal Patients: pre-dialysis, receiving dialysis or have a renal transplant.
2. A project can be: Products, services, holiday dialysis, welfare support
3. The application can be for any project that will directly benefit the Renal Patients quality of life.
4. The applicant can be - A Renal Patient, a parent where the patient is under the age of 16, a staff member on behalf of a renal patient, a staff member of the renal unit.
5. The application must be agreed by a senior member of staff prior to submitting to the Paul Popham Fund Renal Support Wales.
6. Once the application form has been submitted the application will be put forward to the next Trustee Meeting – Trustees of the Paul Popham Fund, Renal Support Wales will decide to approve the application.
7. A patient can make one application within a 12 month period.
8. The administration team will confirm whether the application has been approved and confirm timescales of delivery.
9. Once approved the Paul Popham Fund will keep you up-to-date with the process. Please ensure you communicate any requests for further information in a timely manner.
10. All applications which have not been approved will be confirmed via email with written details of the reasons.
11. If approved the item will be paid directly with the supplier or refunded to the purchaser on receipt of an invoice. The purchaser being the person completing this application.

Please tick to confirm you have read and understood the above notes

Please direct any queries regarding your application to [enquiries@paulpophamfund.co.uk](mailto:enquiries@paulpophamfund.co.uk) or call 0333 2001 285.



APPLICATION APPROVAL

PAUL POPHAM FUND

PROJECT NAME	
Date of Committee Meeting	
Trustees In Attendance	
Approved/Declined	
Reasons	
Timescales for Delivery of the Project	
Fundraising Activity	
Communicate Approval/Decline Date/Who/How	
Copy of Letter/Email Detailing Approval/Decline/Delivery of Project timescales and fundraising activity	