

Hospice Grant Application Form

MCF can offer a grant towards the operating costs of independent hospices and palliative care services in England and Wales. It is the policy of MCF not to fund building or other start-up costs for a hospice which has not yet opened, or to contribute to hospices which are owned, managed and predominantly funded by the NHS.

Children's hospices providing palliative or respite care will also be considered. Where a service is for children this should be made clear on the form.

A full set of the most recent audited accounts, not more than 18 months old, must be provided with this completed form. Together they must be sent to the MCF office by 31st July 2017.

Please email your completed application form and supporting information to

charityapplications@mcf.org.uk

Charity Grants Department, Masonic Charitable Foundation,
60 Great Queen Street, London, WC2B 5AZ.

Call 020 3146 3337 | Email charityapplications@mcf.org.uk
Visit www.mcf.org.uk

For Freemasons, for families, for everyone



The information requested in this application form is the minimum required for a grant to be considered – all sections must be completed before submission. Applicants may enclose additional information but this should complement and not replace the information provided on this form.

1 Hospice Details

Name of hospice:

Registered charity number:

Year hospice established:

Contact name:

Job title:

Hospice address:

Tel:

Email:

Website:

Social media:

Is the hospice part of a group of hospices or other umbrella organisation? Yes No

If 'yes', please give the group name, the number of hospices and the principle address:

Is the hospice owned, managed by or substantially dependent on the NHS? Yes No

Please state the proportion of revenue funding that comes from NHS sources as a percentage of income:

Please state whether the service is for adults or children Adults Children

How many beds are available for residential care?

Approximately how many service users have received residential care in the past twelve months?

Does the hospice provide day care services? Yes No

In the past 12 months how many service users received day care services?

Does the hospice provide home care services? Yes No

In the past 12 months how many service users received home care services?

Please provide any other information you think will be relevant to your application:



2 Bank account details for BACS payment of grant

Account name:

Account number:

Sort code:

Please attach proof of bank account such as a scanned paying in slip or bank statement

3 Applicant declaration

I confirm that I am an authorised representative of (charity name)

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To the best of my knowledge the information I have provided on this application form is correct. If the Masonic Charitable Foundation agrees to make a grant the money will be used exclusively for the purposes described in this application form.

Print name (must be Senior Executive):

Position in the hospice charity:

Date: / /

4 Application check-list

- The most recent full audited accounts are enclosed - Please state financial year
- The completed application form
- Proof of bank account details

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