



## Patient Support Group Grant Request Form\*

\*Only for use for Patient Support Group (PSG) grant requests (can also request non-financial support).

- This form **must be completed by the Patient Support Group**. Requests will be reviewed by a Grants Review Panel.
- Please review the information on the application process and our Eligibility Criteria before making an application – see Novartis.co.uk website.
- Please **complete all the sections** as failure to do so could result in either a rejection or a request for additional information.
- Completed forms and relevant supporting documentation should be sent to [uk.grants@novartis.com](mailto:uk.grants@novartis.com) **at least 3 months in advance** of the proposed project start date.
- Please send any questions to the same email address.

**Submission date**

**Project title**

**Submitted by:**

[Name and Title]

**Patient Group website address and contact email, phone/fax numbers:**

**Registered name, address and number\* of Patient Group:**

[\*Patient Group registered number in Charities Commission Register.]

**Name and address of Payee:**

In the event that your grant application is successful, Bank details should be provided on your letter headed paper.

**In the event that your grant application is successful, if payee is different to submitter, please provide:**

Day to day contact overseeing the project:

Authorised signatory to Grant agreement:

**Please indicate the total annual income of the Patient Group**

(To ensure our grant funding does not interfere with Patient Group independence.)

**Have you previously received funding from Novartis (within the last 5 years)?**

(If yes, please provide details.)

**Total cost of proposed project/programme**

**Total amount requested from Novartis**

Please indicate if you are requesting non-financial support and if this is in addition to or separate from financial support.

**Has this proposal or a similar request been submitted to another organisation?**

(If yes, please provide details)

## **Project Objectives:**

Please give a brief description of project aims including the need for the project and the expected benefit for patients.

If the proposed project is, or includes, a meeting or series of meetings, then full agendas need to be provided.

## **Project context, background, supporting evidence:**

If you have previously received grant funding for a similar project, please give outcome data here (include any supportive evidence, for example patient survey data, market research data, feedback following events, or any other evidence of success.)

## Please provide a detailed budget breakdown of the project

This should also include the costs of any materials or services produced or provided by third-party suppliers or agencies. If the proposed project includes a meeting or series of meetings, please provide an estimate of the number and type of attendees (e.g. doctors, patients, etc.) and an estimate of the cost of holding each meeting, broken down by expense type (venue hire, food and drink, etc.) Please provide supporting documentation. This information can be provided in another document, e.g. a project plan or spreadsheet if more convenient.

## Project plan and timeline

(Please give a brief summary of your project plan including key milestones, expected timescale and required expertise.)

## Outcomes, success criteria and evaluation - how will success be measured?

Please describe the expected and desired outcomes in terms of benefit to the NHS and/or Patients, and the measures to be used to assess whether the project has been successful. Include criteria for the project itself, such as quantitative and qualitative measures that will be used (if any).

## Thank You

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