

**Standard Operating Procedures**

**Grants and Funding Proposals (submission, management and reporting)**

Approved 7th November 2024

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# Introduction

Family Nursing & Home Care’s (FNHC’s) capacity to apply for grant funding has grown. FNHC has recently had good success applying for a number of small and large grants. No formal process has been in place for applying for grants. There is a need for a clear process in relation to all grants big and small.

The process of applying for grants has been evolving since November 2022, with the Grants and Legacy Officer and Senior Leadership Team (SLT) ironing out all the stages in the grant submission process. There is an appreciation that not all grants are the same and the required levels of scrutiny vary depending on the amount of money being applied for and what is being funded (e.g. equipment vs projects/salaries). Grant applications are time consuming to read and review so it is important that the amount of time invested by members of the SLT/service leads is appropriate to the level of the request. For efficiency it is important that all parties know what should be the focus when reviewing grants. FNHC is now in a position to clarify roles and responsibilities for the grant writing process.

Where project work has been funded through grants or non-Government of Jersey contracts, there must be accountability that these projects are delivering what has been promised in the original funding proposals. Related to this is ensuring that proper reporting structures are in place for grants. Grant reporting is key to future grant success, this process is still evolving and needs to be ratified internally.

Additionally, it has been acknowledged that there is a need for there to be a distinction between internal approval in principle / internal business case submissions, and the submission of grants to external third parties. Ideas should have been fully articulated as a short business case and approved in principle by the SLT before external grant writing begins.

# SOP 1 Identifying Items/Service Developments Requiring Funding

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| ***Purpose*** |

Responsibility for identifying items suitable to fund is the joint responsibility of all staff and managers.

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| ***Scope*** |

This SOP pertains to the action managers should take following the identification of items or service developments requiring funding.

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| ***Core Requirements/Procedure*** |

Managers should discuss proposed ideas with the Grants and Legacies officer who will initially advise about suitability.

The Grants and Legacies officer will share a “[Project Approval in Principle Template](#_Appendix_1_Project)” (Appendix 1) with the manager which will include key information on the project, including:

* a brief summary description
* what is the need being addressed
* what other solutions have been explored
* expected outcomes
* an identified designated lead for the work
* an estimate and breakdown of the costs
* an explanation of ongoing commitments and how these will be managed
* any conflicts with existing work and resourcing

The manager should send the completed project template to the Grants and Legacies officer.

The Grants and Legacies officer will report all proposals to the Senior Leadership Team to review at regular SLT meetings alongside the list of potential sponsors.

See SOP 3 for the [Approval Process](#_SOP_3)

# SOP 2 Identifying Grants

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| ***Purpose*** |

The regular grant giving bodies in Jersey with frequently reoccurring funding opportunities are already well known to senior management and the fundraising team. The main grant giving bodies include the larger grant giving organisations like those in the Jersey funders group as well as many smaller community funds. Funding deadlines and funding criteria for many of these grants are normally published months in advance. However, Family Nursing & Home Care can also apply for funding from non-recurring grants.

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| ***Scope*** |

This SOP pertains to the identification of all grant sources with a particular focus on the identification of sources of non-recurring grants

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| ***Core Requirements/Procedure*** |

Identifying grant funding opportunities is the responsibility of all senior staff.

The Grants and Legacies Officer has ultimate responsibility for collating all funding opportunities.

Many grant opportunities are non-reoccurring, these are typically not advertised until several months or weeks before the submission deadline. The fundraising team, senior leadership team, Registered Managers and Heads of Service have joint responsibility for identifying bespoke opportunities like these as they are announced.

The Grants and Legacies officer has responsibility for keeping track of grants in a “[Grants Tracker](#_Appendix_2_Grants)” (Appendix 2) spreadsheet.

# SOP 3 Funding Approval

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| ***Purpose*** |

The Grants and Legacies Officer will report all proposals to the Senior Leadership Team to review at regular SLT meetings alongside the list of potential sponsors. Approval is required prior to any application for funding being made.

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| ***Scope*** |

This SOP details the core requirements/procedure that the SLT will follow to determine if they are in agreement with the proposal and subsequent application for grant funding including the preferred funding source.

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| ***Core Requirements/Procedure*** |

The SLT will evaluate all requests against:

* the remit of the charity
* obligations to deliver services under existing contracts
* strategic priorities
* impact on patients
* long term sustainability
* other potential funding mechanisms
* urgency of the request and delivery timelines

Should the SLT agree that the charity should seek funding for one of the proposed ideas, the SLT must also select a grant giving body to apply to. This should match the stated priorities of the grant giver and the amount of money available from that funder.

The SLT will report to the Grants and Legacies officer whether proposals have been successful or not. The SLT will provide summary feedback on unsuccessful proposals as to why they have been declined. The SLT or the Grants and Legacy Officer will relay this feedback to the staff member or manager.

The SLT may wish to seek clarity on the idea before agreeing to the proposal in principle and committing to preparing a grant. In such cases, the Grants and Legacies Officer will speak with the manager to confirm the necessary details and resubmit for approval.

# SOP 4 Grant Preparation

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| ***Purpose*** |

The Grants and Legacies officer will oversee grant preparation. The Grants and Legacies officer should only begin working on grants if there is written confirmation that all members of the SLT have approved the idea and consent to a grant being submitted.

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| ***Scope*** |

 This SOP details the grant preparation process. In addition to outlining who writes the text for the grant it also outlines who provides information to support the grant.

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| ***Core Requirements/Procedure*** |

If the identified grant givers provide one, then their grant submission template will be used as the base document from which to write the grant proposal. In all other cases the FNHC “Generic Grant Template” (Appendix 5) will be used. It is acknowledged that whilst the grant givers submission templates may not be optimal for every proposal, by using the grant givers template all reviewed grants are the same format as the final submitted versions (i.e. there is no need to selectively copy, edit, or re-write text from the FNHC generic grant template).

The amount of time required to prepare each grant will depend on a number of factors. The size of the grant is the biggest determining factor in how long a grant should take to complete. Grants can be broadly be defined as small, medium and large based on the value of the grant ([Lakeview Consulting](https://www.lakeviewconsulting.net/what-is-a-small-medium-and-large-grant-how-many-hours-does-it-take-to-write-each-type/)),

* Small Grant (< £5,000)
* Medium Grant (> £5,000 and <£50,000)
* Large Grant (> £50,000)

It should be possible to complete a short grant in ~1-3 days, a medium grant in ~1 to 3 weeks and a large grant in ~1-2 months. The amount of time needed to prepare each grant is heavily influenced by the amount of research (pre-reading), project planning and data analysis that has already been completed prior to the start of grant writing. To a lesser extent, the level of detail requested and word/page count restrictions from the grant giver also has a moderate influence on the time needed to prepare each grant.

For clinical project implementation, it should be acknowledged that the lead clinician on the project may not have much (if any) experience designing, implementing and evaluating new services/projects. The Grants and Legacies officer will work collaboratively with the designated clinician on the proposal to work through practicalities and get all the clinical detail that might be needed for the proposal. Whilst the clinician should guide service design, there is a need to learn from and mirror successful evidence based services from outside of Jersey. In these cases the Grants and Legacies officer and the named clinician must work out how to implement the project in a Jersey context within the given budget.

Whilst additional detail should be added in the grant writing stage, no fundamental changes from what has previously been agreed at the approval stage by the SLT should be introduced at the grant writing stage. If in the process of writing, it is recognised that a large shift in project direction will be needed to deliver the project, this should be addressed with the SLT before circulating the grant for review.

One expectation for medium sized grants and larger grants in particular is that a project timeline is included in the application, this project timeline should correspond with project delivery information included in the grant narrative. The project timeline should include any key project dates or milestones. This should include all stages of a project including before the project formally starts (e.g. recruitment) and even after the end of the project.

Another key expectation for larger projects is a full budget. Budgets should include staff costs, staff overheads, supervision (if necessary), equipment, rental, servicing, travel and training costs. Equipment, rental, travel and training cost quotes need to be collated. These do not always have to be supplier quotes as informal estimates are usually acceptable. All quotes and estimates must be in writing. Email correspondence is acceptable. Staff overheads include pension and social contributions. At the time of ratification, this is 16.5%, but this is subject to change. Staff costs are based on the government nursing pay grading scale which is subject to change annually. The grading of staff on projects needs to be confirmed by the operational leads and should align with FNHC’s competencies framework. Grant givers often request a breakdown of costs by year. These should be provided based on the expected timing of expenses. Finally, an estimate of any ongoing commitment should the project continue is not always necessary, but advisable to include.

If new equipment is to be purchased. this should go through the medical devices sub-committee for approval in advance of an application. Where possible, equipment requisition should align with the organisations environmental and sustainability policy.

It is important for FNHC services and care provision to be evidence based. To demonstrate that FNHC follows evidence based best practice, FNHC will reference reputable and established bodies and agencies where possible and appropriate. Commitments to follow evidence based projects/initiatives (e.g. UNICEF BFI, Baby Steps, HENRY, MESCH) should only be made if there is a clear plan for implementing projects/initiatives to the demonstrable standard required of those projects/initiatives.

It is also important that FNHC shows the value of its work. Many grant givers request clear outcomes, FNHC use Outcome Based Accountability (OBA) to produce relevant outcomes. To evidence that FNHC are achieving stated outcomes, it is also necessary to explain what data FNHC is or will collect to demonstrate this. If new data needs to be collected for a project, the clinician and The Grants and Legacies officer must discuss with the data analyst to ensure that data collection is doable, realistic and reportable. Depending on the project it may be necessary to set KPIs and benchmarking targets for services.

Other FNHC departments often need to provide ancillary information to support grants.

**Human resources** typically need to disclose, the number of staff and volunteers and how many of these staff are full or part time. Human resources (with help from the operation lead) must also provide relevant job descriptions for any projects. Human resources may need to provide personal details about the committee.

**Finance** typically needs to provide the most recent financial accounts, current bank statements and current investment balances. Finance may also be asked to provider a multiyear projection (including income, expenses and reserves for the year(s) ahead). The financial position of the charity may also be asked for, this should include FNHC’s assets, liabilities, and equity positions. The grant giver may wish to know the state of restricted funds held by the charity and what these funds are restricted to.

**Governance** typically needs to provide several documents including the constitution, charity commission return and any requested details about policies and procedures (e.g. safeguarding policy). The Grants and Legacies officer may ask the data analyst for help regarding any bespoke clinical data requests needed to support applications.

**Discussions with Grant Manager**

For medium and large grants, it is advisable to meet in advance with the grant manager prior to a grant submission (preferably at least several weeks in advance). Meeting the grants manager is a good opportunity to get feedback on ideas prior to submission. It can mean avoiding obvious pitfalls and does allow for the grant to be tailored based on the grant managers experience of the grant givers board (the final decision makers). Grant managers do also like to know when a large application is incoming, having background knowledge of the project does help them to assess applications as a level of understanding can often help them fill in any missing gaps.

# SOP 5 Quality Assurance of Grant Applications

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| ***Purpose*** |

Grants should not be submitted to grant giving bodies without senior leadership and service/operational lead oversight. This is to ensure:

* accountability to the grant holders and the FNHC committee
* an auditable paper trail
* continuity with grant giving agencies
* consideration to existing contracts
* robust management of services
* accurate accounting and budget stipulation
* appropriate safeguards are in place
* full deliberation of risks

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| ***Scope*** |

This SOP includes review of grant submissions by Senior Management prior to submission to grant holders.

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| ***Core Requirements/Procedure*** |

Grants should only be circulated once fully complete. If a grant is not complete when expected, then a plan should be made with the Grants and Legacies officer to complete the grant and circulate on a revised timeline.

Suitable time should be accounted for in the work plan of the Grants and Legacies Officer to ensure there is sufficient time for a multistage review process to take place. A suitably long review period shows respect for the time of everyone required to review each grant.

Those reviewing the grant should read the grant and all associated documents in full, reviewers should not assume that other reviewers have picked up all issues or that they only need to review certain sections of grants.

Reviewers should review the grant in the context of the following:

* the remit of the charity
* obligations to deliver services under existing contracts
* strategic priorities
* impact on patients
* long term sustainability
* other potential funding mechanisms
* urgency of the request and delivery timelines

Reviewers should carefully scrutinise the key elements of the grant and its delivery, including the:

* background information demonstrating the need
* project rationale outlying how this project addressed the need
* budget (especially the staff banding and amount of allotted staff time)
* delivery timeline
* stated outcomes
* plan for measuring outcomes, sustainability of the project
* key project risks

Many large grants will contain sensitive internal information/data, this could be financial, workforce or clinical. The wider release of certain information has the potential to damage the reputation of FNHC or be used maliciously against FNHC. All information leaving FNHC should be scrutinised with this in mind. If there are concerns about who will have access to such sensitive information, the grant giver should be contacted in advance to confirm how information will be shared and what safeguards are in place (e.g. board/reviewer non-disclosure clauses). Concerns about the sharing of sensitive data are most imperative during active negotiations with the Government commissioning team.

Most small and medium sized business cases/ grants do not require FNHC committee approval. Some large grants / business cases may need to be pre-approved by the FNHC committee. This is relevant to large grants that may incur costs to the charity, such as grants that only part fund an activity or grants that require taking on full time staff for projects that do not have indefinite funding. Similarly, any projects that have the potential to deviate from the remit of the charity should also be discussed with the FNHC committee.

# SOP 6 Completing the Final Draft of the Grant Application

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| ***Purpose*** |

When all reviewers have fed beck their comments, the Grants and Legacies officer will collate them into a single document as the basis for the final draft.

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| ***Scope*** |

Developing the final version of the grant application including a final review by the ‘Reviewers’

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| ***Core Requirements/Procedure*** |

The Grants and Legacies officer will give careful consideration to each comment. Comments that clearly improve the proposal should be accepted. Comments that express confusion require particular attention as it suggests that the correct meaning has not been properly conveyed in the text. Any such cases of reviewer misinterpretation should be carefully scrutinised and edited to add clarity.

Some reviewer comments may not add to the proposal and should be discarded if the Grants and Legacies officer cannot justify making the change. Comments that may be discarded might include ones that:

* are not factually correct
* might be confusing to external grant reviewers
* add too much unnecessary detail
* contradict other parts of the grant
* may be inconsistent with the style in the rest of the grant
* require extensive additional research or analysis
* are statements or observations that don’t address the grant directly (e.g. discussions about other ideas, discussions about service improvements)

The Grants and Legacies officer is expected to use sound judgement when addressing comments. It must be understood that comments are always meant to be constructive. If substantial comments are disputed it may be appropriate to address why the feedback has not been implemented in full.

The Grants and Legacies officer should circulate the final version of the grant to all reviewers. At this time reviewers will be notified that the grant will be submitted on the specified planned submission date and that this will be the last opportunity to call for any final changes can be made. This is an opportunity to discuss how feedback has been addressed in the grant. The Grants and Legacies Officer will make any further revisions, as appropriate, and finalise the submission.

# SOP 7 Grant Submission

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| ***Purpose*** |

There are several different ways to submit grants depending on the funder, there should be clear expectations around how this is managed.

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| ***Scope*** |

Includes how to submit grants to grant giving organisations in Jersey.

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| ***Core Requirements/Procedure*** |

Most grants are submitted through online portals. The Grants and Legacies Officer will collate all files in advance for the grant submission. They will copy text directly from the grant submission template document onto the online portal.

For medium and large grant submissions there is often a need for two FNHC signatories (members of SLT) to sign the final grant application. Note that this document only becomes available once all the necessary details have been submitted. The Grants and Legacies officer should confirm receipt of the application.

Upon submission of each grant, the Grants and Legacies officer will circulate the submitted grant documents to all reviewers for their records.

All submitted grants should be filed away in the fundraising/grants folder by year. Each grant should be in its own folder formatted as “yyyy – mm – funder name – proposal idea” (e.g. “2024 - 04 - Skipton - Bladder Scanner”).

The [Grants Tracker](#_Appendix_2_Grants) (Appendix 2) document should also be updated to acknowledge the submission of each grant.

# SOP 8 Grant Proposal Notification and Acceptance

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| ***Purpose*** |

The grant giver will notify FNHC about the success of a submission. This SOP will detail the process that will be followed after this notification is received.

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| ***Scope*** |

Proposal notification and acceptance processes

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| ***Core Requirements/Procedure*** |

Upon notification of a grant, the Grants and Legacies officer will notify all members of SLT, relevant clinicians, finance and communications.

Acceptance of the grant can be very informal for small grants, only requiring bank details to be sent to the grant giver. The Grants and Legacies officer normally provides these details.

There may be a stipulation that the grant giver is acknowledged for the grant publicly on social media and external communications. The Grants and Legacies Officer will discuss with the Communications Officer about and stipulations about public acknowledgement that are in signed grant agreements so that they are aware of these.

For medium and large sized grants it is often necessary to sign a formal grant acceptance agreement.

A grant agreement may stipulate certain conditions for awarding the grant. These stipulations can be very specific to a grant or grant giver and should be critically reviewed by the SLT and the clinical lead. One or two members of the SLT will be expected to sign to confirm the terms are acceptable. The Grants and Legacy Officer will return the signed agreement to the grant giver to confirm formal acceptance.

In all cases of a grant being awarded, there should be a clear understanding of when funds or items should be received by FNHC.

The Grants and Legacies Officer should liaise with the finance team to ensure that the receipt of funds is logged on Donorflex and in the “[**Grants Tracker**](#_Appendix_2_Grants)**”** (Appendix 2) spreadsheet.

It is also essential that grant award documentation is filed away, the purpose and status of any income should clearly be identified as restricted or non-restricted when communicated to the finance team.

# SOP 9 Reporting to the Grant Giver and other Parties

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| ***Purpose*** |

Grant reporting requirements are different for each grant. This SOP details the possible differences and action that should be taken accordingly. Some grant givers will require an annual report, for example. However, there is also a requirement to keep the Commissioners of FNHC services, as well as FNHC’s Committee, appraised of the progress of projects funded by grants and other sources of income e.g. charitable donations

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| ***Scope*** |

This SOP covers reporting to grant givers, service Commissioners and internal reporting.

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| ***Core Requirements/Procedure*** |

Typically most small grants have no reporting requirements. The only requirement is often public acknowledgement of the grant giver in external communications.

Medium and large grants typically only require a single grant report at the end of the grant period. Typically, the grant giver will ask the recipient to assess the success of the grant against what was stated in the grant application. Typically, success is based off of the expected outcomes stated in the grant application. Outcome Based Accountability (OBA) principles will be applied when reporting on outcomes in project reports. An important thing to note about reporting outcomes is that many grant givers do not hold the grant recipient accountable if they do not meet their stated outcomes, as long as there is evidence that they have tried to achieve them.

The Grants and Legacies officer should work with the named clinician to prepare the final grant report.

The final grant report should be shared with the SLT for review before submission to the grant giver.

For multiyear grants there can be an expectation for annual grant reporting. In these cases, the above process should be repeated annually until the end of the grant period.

**Internal Reporting of Grant Funded Projects**

Whilst there is a requirement for quarterly reporting of commissioned services, this is not necessarily something mandated by all grant givers. Until new projects (primarily funded through grants) are firmly established operationally there is a need to monitor their progress internally to ensure successful service delivery and outcomes.

It should be agreed in advance by the SLT that if a grant giver does not stipulate any regular grant reporting whether there is a need for regular internal reporting. Any large project employing staff or using a lot of staff resource should certainly be reported on. See [Appendix 4](#_Appendix_4_Grant) for guidance on key considerations for grant proposal success.

It has been decided that internal reporting should occur quarterly on the same time as the commissioning timescale. The lead clinician should use the “[**Grant Update Report Template**](#_Appendix_3_Grant)” (Appendix 3) as the basis for reporting on their project, this template asks the following:

* Project summary (Can you summarise progress on the project?)
* Activities completed (What activities have you been doing?)
* Results/ accomplishments/ outputs (How well has it been going? Any project milestones reached?)
* Challenges and current roadblocks (what challenges are you facing?)
* Pictures, graphs, figures and tables (do you have any interesting data/evidence to show us about how things are going?)
* Notifiable issues including safeguarding, complaints, bad publicity etc. (is there anything we need to know about?)
* Project timeline – (what are the next steps and when will they be completed?)

All grant updates will be reported to the Director of Governance and Care ahead of commissioning reporting so that they can be included as addendums to the commissioning reports.

It has been decided that sharing updates to the commissioners about non-commissioned services is worthwhile as it is an insight into the work and a first step in the process of getting the services commissioned. The head of governance will also share relevant updates with the SLT if there are any concerns around delivery of any of the monitored projects.

Project reporting is still an evolving process that will need to be refined and finessed so that it is appropriate and adaptable depending on the needs of the different projects. This SOP is subject to change based on feedback and learning from the clinicians completing the project updates and those reviewing them.

# Appendices

# Appendix 1 Project Approval in Principle Template

Please download a copy to complete. (double-click on the Word icon below)



**Internal approval in principle – Project Name**

A brief summary description

What is the need being addressed

What other solutions have been explored

Expected outcomes

An identified designated lead for the work

An estimate and breakdown of the costs

An explanation of ongoing commitments and how these will be managed

Any conflicts with existing work and resourcing

# Appendix 2 Grants Tracker

Here's a OneDrive link to [Grants Tracker.xlsx](https://fnhcje.sharepoint.com/%3Ax%3A/s/Fundraising/EbQxzsDH36NYpLbBJb_h_VQBGTOplB5x0D6-wiA-qf6tQQ?e=pKiJlU). The Grants and Legacies Officer has Ownership for keeping this tracker up to date. Viewing permissions are limited. Please contact the Grants and Legacies Officer for more information.



# Appendix 3 Grant Update Report Template

Please download a copy to complete. (double-click on the Word icon below)



**Grant update report for the (add name of project) month/year**

Project summary (Can you summarise progress on the project?) –

Activities completed (What activities have you been doing?) -

Results/ accomplishments/ outputs (How well has it been going? Any project milestones reached?)-

Challenges and current roadblocks (what challenges are you facing?)–

Pictures, graphs, figures and tables (do you have any interesting data/evidence to show us about how things are going?)-

Notifiable issues including safeguarding, complaints, bad publicity etc. (is there anything we need to know about?) -

Project timeline – (what are the next steps and when will they be completed?) –

# Appendix 4 Grant Proposal Success – key considerations

Many external factors can impact grant funding success beyond the quality of the submitted grant itself.

Some grants are much more competitive than others and will have much lower success rates. Small grant funding rounds in Jersey tend to be very competitive as there are a high number of charitable organisations in Jersey and the administrative barrier for putting forward a submission are low. Little is known about competition for medium and large grants in Jersey. Grant giving bodies in Jersey do not report on acceptance rates so it is hard to benchmark FNHC’s performance versus other charities. For example, in the UK, an acceptance rate of 20% is widely accepted as the standard for large grants.

An excellently conceived grant alone is not enough to ensure success if the organisation is deemed incapable of delivering what is stated in the grant. Fundamentally, this comes down to the grant funder being able to trust FNHC as a delivery partner. In this way, the success of grants is influenced by the work of all staff members in the organisation.

FNHC should remain aware that, whilst the grants managers and board members of each grant giving body should be objective and show no bias, due to the size of Jersey there is a high likelihood that FNHC and other competing organisations are likely to be personally known to these individuals. In this context, FNHC is competing against other charities that grants managers and board members may have a personal affiliation with.

With this in mind, it should be acknowledged that personal relationships with the grants managers and board members of the grant giving organisation can positively influence the grant decision making progress. Being aware that other organisations will already be doing this, there is good justification for Operational Leads, SLT, the fundraising team and the committee to actively court and promote these relationships where possible. Active engagement in grant giver organised workshops, conferences and training courses is one clear way of building stronger affiliations with grant givers.

Another consideration is that not all grant giving is fair and responsive to the highest levels of need. Many corporate grant schemes for example are not established completely altruistically as they do also seek to improve the public profile of their organisation. With this in mind it is important to note that many corporate grant giving bodies will be looking for grants to fund that have “good optics” not just good outcomes. This can also be seen in many grant givers desire to fund “new” activities. This same issue can also apply to grant funding schemes promoted by politicians. FNHC is not in the same position as other charities to promote our core care activities as there is a need to protect patient privacy in many cases. It is likely that FNHC submitted grants with good optics “photo opportunities” and “feel good stories” are more likely to be successful with some funders.

Grant giving bodies may set key funding priorities (e.g. community / environmental) or create more targeted funds (e.g. must improve habitats for rare birds). Greater grant success should in theory be linked to the prominence of community healthcare as a funding priority. Each grant giver will have different ways of setting funding priorities but this is likely to be driven largely by the media and political climate in Jersey. FNHC is not in a direct position to dictate these priorities. At the time of writing, the JCF is the only grant giver to publicly state that they prioritise grant awards based on a local needs assessment.

Another consideration is that grant giving bodies in Jersey are less likely to fund organisations that they have made significant contributions towards recently. This is particularly true for the grant giving organisations that publicly report on their spending (e.g. AJC and JCF) because these grant givers could be criticised for showing favouritism to certain organisations. To improve the likelihood of grant success it is worthwhile spreading applications across as many providers as possible and not just those where there has been recent success.

Many smaller charities are highly critical of organisations (like FNHC) who have designated staff members to work on grants. For smaller organisations this is seen as an unfair playing field on which to compete for larger grants. Grant funders are aware of this sentiment and this may be a consideration for not awarding grants fairly to FNHC.

As a large charity that employs a large number of staff, FNHC has to keep significant reserves (9 months turnover / > £7million). The case for this is laid out in the reserves policy. Whilst there is a clear and sensible argument to be made for FNHC to apply for grants whilst maintaining such large reserves, it should be noted that many grant giving bodies remain reticent to offer funds on this basis.

Due to the nature of the healthcare services that FNHC offers, extra manpower is the resources FNHC most want support for. Due to the need to provide high quality and safe clinical care, FNHC cannot rely on volunteers to help provide extra manpower in the patient facing part of the charity. Due to the competitive job market in healthcare, FNHC would struggle to fill clinical posts as fixed term contracts. Unfortunately many funders are reticent to fund permanent charity posts due to the uncertainty around long term funding. FNHC could also be criticised for underutilising volunteers, even though this would likely be inappropriate.

# Appendix 5 Generic Grant Template

Please download a copy to complete. (double-click on the Word icon below)



Generic Grant Application Template

1. Background information – (including local context)

2. What is the need being addressed - (including local need)

3. What will the grant fund and how does it address the identified need?

4. How many people will benefit directly from this grant?

5. Please briefly describe up to three most important differences (outcomes) these activities will lead to in the lives of the people you support

6. How will you measure and report on these outcomes?

7. Please explain why you are the right organisation to be providing the support and explain your track record of success. List any relevant examples which demonstrate the ability of your organisation to implement similar projects

8. How is your service/support unique? Who are your partners and how you will work in collaboration to avoid duplication and complement their delivery?

9. What is the planned start date and end date of the project?

10. What are the key project milestones?

11. What is the eventual (longer-term) impact that the grant will have?

12. What is the plan for longevity after the funding runs out?

13. Please provide a detailed budget – broken down by yearly costs. Please list what funding has already been secured and what is pending.

14. What are the risks to the success of the project and how are they being managed and or mitigated?