

## GRANT START CERTIFICATE

This form must be signed by led grantee managing the grant.

Please see the terms and conditions for awards before signing this form.

Your reference for the grant:  
(maximum 25 characters in length)

Grantholder name :

Payment start date:

Amount of award:

I am writing to confirm my department's acceptance of the above grant on the conditions set out in the letter of award and attached conditions.

Signed:

Date:

Name (in full):

Position:

Departments:

Contact email  
address:

*In accepting this Award of Grant, the departments recognises that the UNDERTAKINGS given by the departments and others at the time of signing the Application Form are "conditions precedent" and the departments will ensure that they, the grantees will continue to abide by the undertakings given throughout the lifetime of the grant.*

Please return this signed form to the Grants Administrator, by email or post:-

Email: [rf.charitygrant@nhs.net](mailto:rf.charitygrant@nhs.net)

Postal address: Royal Free Charity, Pond Street, NW3 2QG

T +44 (0)20 7472 6677 EXT 31903