**CHARITY AND ORGANISATION GRANT APPLICATION FORM**

*Please fully complete all shaded boxes below. Information on footnotes can be found in the accompanying Guidance Notes for Completion.*

**SECTION 1 - DETAILS OF YOUR ORGANISATION**

**General Information**

|  |  |
| --- | --- |
| Charity/Organisation Name |   |
| Charity Registration Number |   |
| Company Number (if applicable) |   |
| Registered Address |   |
| Org Email Address |   |
| Website |   |
| Purpose of Your Charity/Organisation1  |   |
| Service Provided2  |   |

|  |  |
| --- | --- |
| Geographic Region Where Activities Are Delivered3  | Click each box that applies[ ]  All UK [ ]  England[ ]  Scotland [ ]  Wales[ ]  Northern Ireland [ ]  Overseas[ ]  Northeast[ ]  Northwest[ ]  Yorkshire and The Humber[ ]  East Midlands[ ]  West Midlands[ ]  East of England[ ]  London[ ]  Southeast[ ]  Southwest |

|  |  |
| --- | --- |
| **Safeguarding and Governance Policies**Please confirm the following4 |  |
| Safeguarding Policy in place | Choose an item. |
| DBS/PVG Check in place for all required staff | Choose an item. |
| Cobseo Membership | Choose an item. |
| Veterans Scotland Membership | Choose an item. |
| DPA/GDPR - Staff Trained and Compliant | Choose an item. |
| Quality Network for Veterans Mental Health Services (QNVMHS) | Choose an item. |
| Veterans Aware accredited | Choose an item. |
| Employer Recognition Scheme (ERS) | Choose an item. |
| ERS Level | Choose an item. |
| Independent Inspection Outcome Report/Accreditations5 | Insert URL  |

**Financial Details of Your Organisation**

|  |  |
| --- | --- |
| Please confirm your accounts were submitted to the Charity Commission by the required deadline4 | Choose an item. |
| If no, please provide an explanation | Insert text  |
| Please provide link to your latest submitted accounts and Trustees’ Annual Report (TAR) | Insert URL  |
| Has your organisation been subject to investigation by the Charity Commission or any other governing body in the last 2 years | Choose an item. |
| If yes, please provide details | Insert text  |

**Details of your overall income and expenditure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY23/24Actual | FY24/25Actual | FY25/26Budget or Forecast |
| Income | £  | £  | £  |
| Expenditure | £  | £  | £  |
| **Net Surplus/(Deficit)** | £  | £  | £  |

|  |  |
| --- | --- |
| If you are showing a deficit or expected deficit in any FY please provide explanation of how you expect to return to balance or profit | Insert text   |
| Cash Flow - how much cash is your organisation holding at the time of making the application? | £  |
| Is your organisation currently making use of its Reserves?4 | Choose an item. |
| What is the value of your Free Reserves in your most recent accounts? | £  |
| If your Free Reserves are nil or insufficient, please explain how you plan to restore them and by when  | Insert text  |

**SECTION 2 - YOUR PROJECT**

**Provide full details of the specific project for which you are seeking a grant**

|  |  |
| --- | --- |
| Project Title | Insert text   |
| Brief Summary of Project6 | Insert text (max 600 characters)  |
| Project Start Date (dd/mm/yyyy) | Click or tap to enter a date. |
| Project End Date (dd/mm/yyyy) | Click or tap to enter a date. |
| Amount of Grant Requested | £  |
| Total Cost of Project | £  |
| Which Category of Activity will your project support | Select (all that apply): [ ]  Supporting the Family [ ]  Employment [ ]  Education and Training [ ]  Elderly Care [ ]  Mobility[ ]  Housing [ ]  Wellbeing |
| Please explain what specific **need** of the Army family is being met by your project, and the method and evidence you have used to determine this need7 | Insert text (max 1,000 characters)  |
| Please explain how your project will meet this need8 | Insert text (max 1,500 characters)  |
| Insert **Number** of individuals from the Army family will **directly** benefit from your project |
| Serving **Army** personnel9 |   |
| Serving **Army** – partners10 |   |
| **Army** Service Children11 |   |
| **Army** Veterans12 |   |
| **Army** Veterans - family members13 |   |
| **Army** bereaved community14 |   |
| Total |   |

**Other Armed Forces Veterans/Serving/Families:**

|  |  |
| --- | --- |
| RN/RM15 |   |
| RAF16 |   |

**Project Outcomes**

Please explain the Outcome(s) you expect to see as a result of your project and the number/type of people from the Army family who will **directly** benefit from each of these Outcomes.

**Outcome 1**

|  |  |
| --- | --- |
| Explain the expected outcome of your project17 | Insert text (max 1,000 characters)  |
| How many individuals from the **Army** family are expected to benefit from this specific outcome18 | Insert Number and Type  |
| Explain the methodology you will use to measure and evidence this outcome | Insert text (max 600 characters)  |

**Outcome 2**

|  |  |
| --- | --- |
| Explain the expected outcome of your project17 | Insert text (max 1,000 characters)  |
| How many individuals from the **Army** family are expected to benefit from this specific outcome18 | Insert Number and Type  |
| Explain the methodology you will use to measure and evidence this outcome | Insert text (max 600 characters)  |

**Outcome 3**

|  |  |
| --- | --- |
| Explain the expected outcome of your project17 | Insert text (max 1,000 characters)  |
| How many individuals from the **Army** family are expected to benefit from this specific outcome18 | Insert Number and Type  |
| Explain the methodology you will use to measure and evidence this outcome | Insert text (max 600 characters)  |

**Social Value Outcomes19**

|  |  |
| --- | --- |
| Will your project address any of the themes and outcomes of the Govt Social Value Model? | Choose an item. |
| If yes, please provide a brief explanation of how this will be achieved and how results will be measured | Insert text (max 1,000 characters)  |

**Project Costs**

Complete the table below showing a breakdown of the costs of your project

|  |  |  |  |
| --- | --- | --- | --- |
| Item  | Total Project Cost £ | Element of cost as per requested in application £ | Remarks |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
| Totals | £  | £  |   |

**Details of all other funding sources for this project**

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Organisation | Status of Request | Amount £ | Remarks |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
|   | Choose an item. | £  |   |
| **Totals** |  | **£**  |   |

**Funding Shortfalls**

|  |  |
| --- | --- |
| How will you fund any funding shortfalls in your project, and/or what actions you will take to manage the impact of any shortfalls. | Insert text (max 1,000 characters)  |

**SECTION 3 - DECLARATION**

|  |  |
| --- | --- |
| Please click box to confirm you have read and understand the ABF Terms and Conditions that will apply should a Grant be awarded | [ ]  |
| Please click to confirm you are content with the data in this application being shared within the ABF for the purposes of deciding on the award of any grant | [ ]  |
| Please click to confirm you are authorised by the above named charity / organisation in Section 1 to make such an application on their behalf | [ ]  |
| Name |   |
| Appointment within Organisation |   |
| Contact Tel No |   |
| Contact Email address |   |
| Date of Application | Click or tap to enter a date. |
| Signature | Insert eSignature  |

**Payee Bank Details**

|  |  |
| --- | --- |
| Name of Bank |   |
| Account Name |   |
| Sort Code |   |
| Account Number |   |

**Internal Use Only**

**Previous Support and Visits**

|  |
| --- |
| **Previous Awards** |
| FY 2023/24 | £  |
| FY 2024/25 | £  |
| Previous Outcome Report | URL  |
| Visit Report | URL  |

**Delegation of Approval**

|  |  |
| --- | --- |
| Delegation Level | Choose an item. |

**Assessment and Decision**

|  |  |
| --- | --- |
| DGW Comment |   |
| DGW Recommended Award | £  |
| Summary of Board Discussion |   |
| Board Decision | Choose an item. |
| Amount of Award Approved | £  |

**Payment**

|  |  |
| --- | --- |
| Date of Payment | Click or tap to enter a date. |
| Authoriser | eSignature  |