**EXTERNAL GRANT (LARGE) APPLICATION FORM**

Before completing your application please make sure you have read the guidelines, which are available to download from [our website](https://www.rafbf.org/how-we-help/grants-other-charities-and-organisations).

You **must complete all relevant sections** that relate to your organisation. Please note that incomplete application forms may be returned and could result in your application being delayed or rejected.

**Further help available:** The External Grants Guidelines and end notes should help with the completion of this application form; however, should anything be unclear or should you wish to discuss any aspect of a possible application then please e-mail [externalgrants@rafbf.org.uk](mailto:externalgrants@rafbf.org.uk) in the first instance.

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| **1. YOUR ORGANISATION** | | | | | |
| **The** **legal name of your organisation** (as shown in governing document): | | | | | |
| **Is your organisation commonly known by another name?** If so, please provide details. | | | | | |
| **Your Organisation Registered Address** (which may be different to the point of contact’s details): | | | | | |
| **Main Phone Number:** | | |  | | |
| **Generic E-mail Address:** | | |  | | |
| **Website:** | | |  | | |
| **Date of Formation:** | | |  | | |
| **Are you a registered charity, voluntary organisation or community interest company?** | | | | | |
| **Does your organisation have a charity or company registration number?** If so, please provide it below. | | | | | |
| Charity number: | | | | | Company number: |
| OSCR number: | | | | | Charity Commission for N.I.: |
| **Does your organisation have a safeguarding policy/register?** | | | | | **Does your organisation have a policy stating how it will comply with GDPR regulations?** |
| **Are you a member of the Confederation of Service Charities (Cobseo)?** If no please speak with the RAFBF before completing the application. | | | | | |
| **Please provide a brief overview of your organisation’s objectives:** | | | | | |
| **Have you received a grant from the RAF Benevolent Fund before? (**if you have received a grant within the last twelve months please ensure you have returned a post grant outcomes report or please enclose with the application). | | | | | |
|  | **Date** | **Amount** | | **What For?** | |
| 1 |  | £ | |  | |
| 2 |  | £ | |  | |
| 3 |  | £ | |  | |
| **If you have received Funds previously please ensure you have returned your Grant Outcomes Report. If you have not returned this your current application WILL NOT be considered.** | | | | | |

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| **2. TOP LEVEL FINANCIAL INFORMATION** (As per your most recent audited annual accounts) | | | | |
| **Account year ending (dd/mm/yy):** | |  | | |
| **Please provide link to annual accounts.**  (If not available online, you MUST send a copy with your application.) | | | | |
| **Total Annual Income:** | **£** | | **Total Annual Unrestricted Running Costs:** | **£** |
| **Total Annual Expenditure:** | **£** | | **Free Reserves Held/Unrestricted Funds Available:** | **£** |
| **Total Annual Surplus/Deficit:** | **£** | | **Restricted or Designated Reserves Total:** | **£** |
| **Please state any major changes to the organisation’s structure, activities or financial position since the most recent accounts:** | | | | |
| **Please tell us about your Organisation’s Reserves Policy including details of any restricted/designated reserves and their purpose:** | | | | |

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| **3. COVID-19 IMPACT:** |
| **In broad terms, please outline how your organisation's financial position has changed since COVID-19 in the short and medium term?:** |
| **How will COVID-19 affect the long term financial health of your organisation:** |
| **What mitigating actions have been taken/planned to address the financial impact of COVID-19 on the financial health of your organisation:** |

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| **4. YOUR GRANT REQUEST** |  |  | |
| **How much are you seeking from the RAFBF?** | | | **£** |
| **Funding is offered for a maximum period of 12 months. Please state the period over which you are seeking funds for:** | | |  |
| **In a paragraph please briefly outline what you wish to spend the requested funds on?** Please be brief and to the point, a further question seeking details of the activities to be undertaken will follow. Depending on the nature of your proposed activity/service we will approach you separately for further details. | | | |
| **How is this activity/service affected by COVID-19 social distancing regulations?:** | | | |
| **Please explain how you identified the need for this activity or service:** Consider what evidence led you to establish a need for this activity: | | | |

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| **5. WELFARE OUTCOMES** | | | | | |
| The Fund lays out the change it wishes to see in the RAF Family in its Impact Framework (copy in Guidelines). Within this framework we set out the welfare outcomes that we wish to see achieved for both the serving RAF community and the Ex-service RAF community. These welfare outcomes are listed below. The Grants Committee will only fund organisations that can demonstrate that their activities/services will deliver these outcomes. Please refer to our Guidelines where you will see examples of previously funded activities that have delivered these welfare outcomes.  Please remember that an outcome is the change achieved for the participant of an activity/service and an output is the number of individuals who participated in that activity/service. **Please select from the list below which welfare outcomes you can demonstrate that your activities/services will deliver.** | | | | | |
| **EX-SERVICE COMMUNITY WELFARE OUTCOMES** | | | | | |
| **Increased Financial Means** |  | **Improved Home Environment** |  | **Improved relationships with others** |  |
| **Increased Mobility** |  | **Improved Employment Prospects** |  | **Reduced Isolation and Loneliness** |  |
| **Increased ability to live at home for longer** |  | **Increased engagement in vocational activities** |  | **Improved Mental Wellbeing** |  |
| **SERVING COMMUNITY WELFARE OUTCOMES** | | | | | |
| **Maximised Physical Independence for Dependent Family Members with Physical Health Problems/Disabilities** |  | **Increased Engagement in Employment and Vocational Activities for RAF Partners** |  | **Increased Independence for Wounded Injured or Sick (WIS) personnel in transition** |  |
| **Improved family relationships** |  | **Increased social engagement and cohesion** |  | **Increased Financial Means** |  |
| **Improved Mental Wellbeing** |  |  |  |  | |
| **Please describe how you will demonstrate that your activity/service will have achieved the welfare outcomes ticked above.** Please consider how you will be able to evidence that these outcomes have been delivered for individual service users. If you are able to demonstrate that your activity/service has previously achieved these outcomes please attach this evidence to your application: | | | | | |

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| **6. ORGANISATIONAL CAPACITY** |
| **Is this an activity/service that your organisation has carried out previously. If so for how long. If not, what makes you qualified to deliver this activity/service successfully?** |

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| **7. BENEFICIARIES** | | | |
| **Please tell us about the primary beneficiaries of the activities/services you propose to undertake.** Are they primarily serving personnel, spouses, veterans, dependent children or a mixture: | | | |
| **In numbers, tell us about the beneficiaries your activity/service has supported over the previous 12 months:** | | | |
| Civilians (*No military affiliation)* |  | Army (*Serving, Spouses, Veterans or Dependants*) |  |
| RAF *(Serving, Spouses, Veterans or Dependants)* |  | Royal Navy/Royal Marines (*Serving, Spouses, Veterans or Dependants)* |  |
| **How many members of the RAF Family do you propose will be supported by your activity/service over the next 12 months?** | | Number: | |

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| **8. FUNDING DETAILS** | | | |
| **What is the total budget for providing the proposed activity/service for the next 12 months?** | | | £ |
| **What is the cost of providing this activity/service to the RAF Family in the next 12 months?** | | | £ |
| **Have any other Funding sources been sought/received in respect of this activity/service:** | | | |
| **Sources of funding** | **£** | **Tick as appropriate** | |
| Soldiers Charity - Army Benevolent Fund | **£** | Secured  Applied, but not secured  Not yet applied for  Do not intend to apply | |
| Royal Navy & Royal Marines Charity | **£** | Secured  Applied, but not secured  Not yet applied for  Do not intend to apply | |
| Help for Heroes | **£** | Secured  Applied, but not secured  Not yet applied for  Do not intend to apply | |
| The Royal British Legion | **£** | Secured  Applied, but not secured  Not yet applied for  Do not intend to apply | |
| **Please list any other sources of funding:** | | | |
| **If you have received funding under the LIBOR programme/Aged Veterans Fund, please set out how you manage to sustain your activity/service once this funding ends:** | | | |
| **Please explain how you will manage any shortfall in funding, if requested funds are not awarded:** | | | |

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| **9. RECOGNITION** | | | |
| **Where a grant request has been agreed to, we ask the charity/organisation in receipt of the grant to raise awareness of the project, service or activity involved, and in so doing to also raise awareness of our charity’s own work in supporting the RAF Family.** | | | |
| If your Grant Application is successful, please indicate how the support of the RAF Benevolent Fund would be acknowledged; as a minimum this must be a statement in the charity/organisation’s annual accounts. | | | |
| Please add the contact details for the person who will be in charge of any PR/Marketing/Comms activity should this grant be successful, so that our PR Executive can communicate directly: | | | |
| **Title and Name:** |  | **Job Title/Role:** |  |
| **Phone Number:** |  | **E-mail Address:** |  |

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| **10. DECLARATION BY YOUR ORGANISATION AND SIGNATORIES** | |
| * We confirm we are authorised to sign this declaration on behalf of the applicant organisation. We confirm that this application and proposed project has been authorised by the management committee/governing body/board and that our organisation has the legal power to set up and deliver the services or project described in this application form. * We confirm that to the extent of our knowledge all state and local authority assistance to which our charity and its beneficiaries are entitled has been claimed. * We certify that the information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by our organisation. * We understand that any offer of grant will be subject to terms and conditions and we confirm that the organisation has the power to accept this grant if the application is successful and to repay it if the grant conditions are not met. * We understand that the RAF Benevolent Fund may commission an evaluation of the grant. We confirm that we will co-operate with any evaluation related activities which are required of us by the RAF Benevolent Fund and further confirm that the RAF Benevolent Fund may use any part of our application for evaluation or research purposes. | |
| Signatory One - i.e. the main contact named in Section 3.  I understand that you may contact me with regards to this completed Application Form, and I confirm that I am authorised by the organisation for this purpose and that you may rely on any further information supplied to you by me | |
| Title and Name: | Signature: |
| Position/Job Title/Role: | Date of signature: |
| Signatory Two - The Chair, Chief Executive or person of similar authority must agree with the above Declaration. | |
| Title and Name: | Signature: |
| Position/Job Title/Role: | Date of signature: |

Once completed, please send your form to our centralised mail box: [externalgrants@rafbf.org.uk](mailto:externalgrants@rafbf.org.uk) and if your annual accounts aren’t available online, please provide a copy with your application form.