**EXTERNAL GRANT (SMALL) APPLICATION FORM – SOCIAL ISOLATION & LONLINESS FUNDING STREAM**

Before completing your application please make sure you have read the guidelines, which are available to download from our website. 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 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, does your organisation run any programmes or extra activities that are specifically aimed and tailored towards the ex-service or serving community?** (If the answer to this is no or you struggle to answer this question please contact the RAFBF before continuing with this application) |
| **Briefly state your organisation’s objectives:** |
| **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:** | **£** | **Total designated or restricted reserves:** | **£** |

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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? MAX £5000** | **£** |
| **In a paragraph please briefly describe your proposed activity or service:** Depending on the nature of your proposed activity/service we will approach you separately for further details. |

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| **5. IMPACT**  |
| **Please indicate which of the Funds welfare outcomes (as listed in our Impact Framework and guidelines) you believe your activity/service will meet and how:**  |
| **How will you determine that you have been successful in achieving these welfare outcomes? How will you be able to demonstrate that they have been achieved:** |
| **Do you have any evidence of this activity (or similar activities) delivering these welfare outcomes:** Please feel free to provide links to evidence or reports.  |

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| **6. ORGANISATIONAL CAPACITY** |
| **Is this an activity/service that your organisation has carried out previously?** |
| Yes  |  | No  |  |
| **If this is not a type of activity/service that your organisation has a history of undertaking what assurances can you give that your organisation has the capacity to deliver the proposed activity/service:** (e.g. employing additional specialist staff, volunteers or undertaking training) |

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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?  |

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| **How many member of the RAF do you estimate will be supported by your proposed activities/services over the NEXT 12 months?** |  |
| **How many non-RAF service users do you expect to be supported by your proposed activity/services over the NEXT 12 months?** |  |

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| **8. FINANCIAL DETAILS**  |
| **What is the TOTAL budget for providing the proposed activity/service for the next 12 months?** | £ |
| **Have any other funding sources been sought/received in respect of this activity/service? If yes, please list:** |
| **If you have received funding from LIBOR/Aged Veterans Fund how do you propose to sustain your activity 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 members of 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.
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| 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: |