

**ARMY BENEVOLENT FUND (ABF) – GRANT APPLICATION FORM**

**FY24/25 (Version 3)**

Army Benevolent Fund (ABF) is a registered charity in England and Wales (1146420) and registered as a company limited

by guarantee in England and Wales (07974609). Scottish registered charity No: SC039189.

Registered Office: Mountbarrow House, 12 Elizabeth Street, London, SW1W 9RB

*Please complete all the highlighted areas. On completion, please email as a Word document to externalgrants@armybenevolentfund.org and attach your last audited Annual Report and Accounts.*

**CHARITY/ORGANISATION GOVERNANCE**

**1a.**

|  |  |
| --- | --- |
| **Charity/Organisation Name:** | **Charity Number:** |
|   |   |

**1b.**

|  |
| --- |
| **Charity/Organisation Address:** |
|   Postcode:  |

**1c.**

|  |  |
| --- | --- |
| **Charity/Organisation Other Details:** |  |
| Website address: |   |
| Social Media accounts – open to public viewing: |   |
| Social Media accounts – open to public viewing: |   |
| Social Media accounts – open to public viewing: |   |
| Social Media accounts – open to public viewing: |   |
| Social Media accounts – open to public viewing: |   |

**2. Name of CEO and name of additional contact for queries**

|  |  |
| --- | --- |
| Contact Name: |   |
| Position: |   |
| Telephone No: |   |
| Email: |   |
|   |  |
| Additional Contact Name: |   |
| Position: |   |
| Telephone No: |   |
| Email: |   |

**3. Executive Summary**

Please summarise what your organisation does, the need it is addressing, geographical area covered, the difference it makes (impact), your track record – who, what, why, where and when

|  |
| --- |
| (Maximum 300 words)  |

**SAFEGUARDING & GOVERNANCE**

**4. Safeguarding Policies**

Please confirm you have suitable safeguarding policies in place, covering children and vulnerable people, and any other relevant safeguarding issues. We expect these are reviewed and updated regularly by your organisation. We may request to see these policies at any time.

|  |  |
| --- | --- |
| Please state Yes / No  |   |
| If No, please give additional information |   |

**5. DBS/PVG Check**

If appropriate, please confirm DBS/PVG checks have been conducted on staff and volunteers.

|  |  |
| --- | --- |
| Please state Yes/No/NA:  |   |
| If DBS/PVG checks have not been completed, please indicate why |   |

**6. Governance Policies**We would normally expect the following as a minimum.:

|  |  |
| --- | --- |
| Are you a member of Cobseo + / or Veterans Scotland? Please state organisations you are members of |   |
| Do you have a formal complaints procedure in place? Please confirm **Yes or No** |   |
| Does the management of all your personal information conform to the requirements of the Data Protection Act 2018 and UK GDPR? Please confirm **Yes or No**  |   |

|  |  |
| --- | --- |
| Have you been or are you currently being investigated by the Charity Commission or any other governing body in the last 2 years? Please confirm **Yes or No**  |   |
| If Y**es**, please provide details. (Maximum 300 words) |   |

Please give details of outcomes of Independent Inspections (CQC etc) as appropriate:

|  |
| --- |
|   |

**7. Risk Management**

In your charity Risk Register please give details on the 3 key issues which may have an impact on your Charity’s ability to deliver its project (maximum 250 words):

|  |  |
| --- | --- |
| Key Issue 1 |  |
| Key Issue 2 |  |
| Key Issue 3 |  |

**DETAILS OF GRANT REQUEST/PROJECT**

**8. Area of Operation**
Please indicate which categories your activity would fall into (multiple categories can be selected):

|  |  |
| --- | --- |
| Supporting The Family |   |
| Employment, Education & Training |   |
| Elderly Care |   |
| Mobility |   |
| Housing |   |
| Wellbeing |   |

**9. Details of the Grant Request**

A full justification stating:

* the purpose
* the need being addressed
* geographical area covered by project
* acceptance of any protocols in place (e.g. the Cobseo mental health protocol), timetable if appropriate. This justification should also, where appropriate, highlight what additional provision is being made for example for female veterans (e.g. separate safe accommodation, suitably trained staff) or for the LGBTQ+ community, or other minority groups who may be supported by your project.

Applicants should refer to our guidance notes [**View our application guidelines here**](https://www.soldierscharity.org/charity-grants/grant-application-guidelines/?_ga=2.211055381.1430713081.1691743373-1931701529.1643709697) on what we will and will not fund.

If you are unclear, please email us at: externalgrants@armybenevolentfund.org

**Please focus on the project and NOT repeating details widely available in open-source reference documents about Need.**

|  |  |
| --- | --- |
| **9a**. Project Title: (this can be core operating costs) |   |
| **9b.** Amount Requested: (£)  | £  |
| **9c**. Total Cost of Project being funded (£) | £  |
| **9d**. Date of project: from: |   |
| **9e**. Date of project: to: |   |
| **9f**. Geographical location of activities: |   |
| 9g. Intended Project Beneficiaries (eg Serving, WIS, Veterans, Families, Ss, Tri Service) |   |
| **9g**. Provision for minority groups: |   |

|  |
| --- |
| **9h. Project Purpose / Need being addressed: (Maximum of 500 Words)**  |

**9i. Project Outcomes and Measures**

An analysis of outcomes will inevitably impact upon our future grant giving.

The key to understanding outcomes is to **focus upon the benefits your beneficiaries will receive from your project’s service or activity**, not focus on what has been purchased with the grant. If your grant application is successful, you will be asked to provide evidence of the project’s outcomes by completing an Outcomes Report (we will send you the form).

Our monitoring and evaluation of the grant will include achievement of outcomes as provided by you.

Please provide details of Outcomes and how these will be measured below (maximum 300 words per Outcome):

**Future Outcome 1**:

|  |
| --- |
| What is the intended outcome? (*how specifically will the beneficiary benefit from the activity)*  |
| How will you know this benefit has been gained?  |
| How will you collect the data?

|  |  |  |  |
| --- | --- | --- | --- |
| Paper questionnaires |   | In person |   |
| Online /telephone survey |   | Testimonials &/or case studies |   |
| Other  |   | Other  |   |

 |
| How will this outcome be evaluated? *Insert ‘X’ against the relevant method below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Observation by staff/volunteer |   | Beneficiary survey |   |
| Stakeholder assessment |   | Attainment (qualification/job etc.) |   |
| Other |   |  |  |

 |

**Future Outcome 2**:

|  |
| --- |
| What is the intended outcome? (*how specifically will the beneficiary benefit from the activity)*  |
| How will you know this benefit has been gained?  |
| How will you collect the data?

|  |  |  |  |
| --- | --- | --- | --- |
| Paper questionnaires |   | In person |  |
| Online /telephone survey |   | Testimonials &/or case studies |  |
| Other  |   | Other  |  |

 |
| How will this outcome be evaluated? *Insert ‘X’ against the relevant method below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Observation by staff/volunteer |   | Beneficiary survey |   |
| Stakeholder assessment |   | Attainment (qualification/job etc.) |   |
| Other |   |  |  |

 |

**10. Beneficiary Numbers expected to be assisted by the Project**
Please complete the table below to assist us in the allocation of funds by Campaign if a grant is awarded.

Total Number of all Beneficiaries of the project / activity:

Total Number of all Army Family Beneficiaries:

Breakdown of Army Family Beneficiaries:

|  |  |  |  |
| --- | --- | --- | --- |
|  Army Family Beneficiary type | Service by Theatre if known (eg Falklands, Afghanistan) | Expected Number of **Army** Beneficiaries to be Supported | Remarks |
| Army Serving Personnel  |   |   |   |
| Dependant/s of Serving Army Personnel |   |   |   |
| Army Veteran |   |   |   |
| Dependant/s of Army Veteran |   |   |   |
| **Total number of all Army Family Beneficiaries** |  |   |   |

**11. Collaboration - Partnership Working**

Which other agencies or organisations in your local area or region work in this field or deliver a similar service? How do you collaborate or work in partnership with them? Who refers?

|  |
| --- |
| (Maximum 250 words)  |

**12. Project Costs**

In the table below provide a breakdown of the project costs highlighting areas where any grant we award will be allocated.

It is unlikely we will fund items which we cover through our individual grants programme:

|  |  |  |  |
| --- | --- | --- | --- |
| Item Covered | Total Cost of Project as per Q. 9c (£) | Breakdown of amount requested in Q.9b ABF Allocation (£)  | Remarks |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
|   | £  | £  |   |
| Total Cost (£) | £  | £  |   |

*If additional rows are needed, please attach a separate document. Attached: Yes/No delete as appropriate*

1. **Project Financing**

In the tables below please provide details of other funding which has been sought or received or details of how you will cover the balance of the project costs (total cost of the project [9c] less requested contribution from ABF [9b] ).

Please include details of any public funds (Eg. NHS), Armed Forces Covenant Fund Trust, Trusts & Foundations or Corporate funding that you are in receipt of or is being sought. Also include details of any grant funding received from Individual Regiments or Corps:

**13a. Additional Funding for this project already received / agreed**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation/Trust/ Foundation awarding the funding/grant | date received funding (actual or expected) | Amount(£) | Remarks |
|   |   | £  |   |
|   |   | £  |   |
|   |   | £  |   |
|   |   | £  |   |

*If additional rows are needed, please attach a separate document. Attached: Yes/No delete as appropriate*

**13b. Additional Funding waiting response / approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation/Trust/ Foundation Application has been submitted to | Expected response date | Amount(£) | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*If additional rows are needed, please attach a separate document. Attached: Yes/No delete as appropriate*

**13c. How will you make up any funding shortfall for this project/activity?**

|  |  |  |  |
| --- | --- | --- | --- |
| Item covered | Project Cost(£) | Shortfall(£) | How you will make up the shortfall eg Reserves, reduce level/duration of activity |
|   | £  | £  |   |
|   | £  | £  |   |

1. **Previous Financing for this Project**

Please provide details of any funding for this project which has or is about to cease, covering the last 2 years.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Charity / Organisation  | Date Funds ceased | Amount awarded (£) | Why funding ceased / How shortfall has been made up |
|  |  | £  |  |
|   |   | £  |   |
|   |   | £  |   |
|   |   | £  |   |

**FINANCIAL MATTERS**

**15. Historical Financial Details**

For us to get a better understanding of your organisation, we require some key data from the last 2 years of your financial accounts.

|  |  |
| --- | --- |
| **15a**. Date of most recent statutory accounts(Should be the last financial year, if not why not?) |   |
| **15b.**Were the accounts with the Charity Commission (CC) within the required deadline? **Yes/No**. If **No** explain why |   |

|  |  |  |
| --- | --- | --- |
| **15c. Historical Income and Expenditure** | **Last Financial Year (£)****FY:**  | **Previous Financial Year (£)****FY:**  |
| Income | £  | £  |
| Expenditure | £  | £  |
| Net Surplus / (Deficit) | £  | £  |

|  |  |
| --- | --- |
| **15d.**Income received from Donations & Legacies in the last FY | £  |
| **15e.**Income received from Investments in the last FY | £  |

**15f. Do you have any contractual arrangements in place?** (for example NHS, local authority other Govt Dept), which, if cancelled or ended, may impact on the delivery of the Project you are seeking our Charity to fund (eg: if the funding was to cease you would need to revisit your operating model which may impact on the project)?

|  |  |
| --- | --- |
| **Please state Yes / No:** |  |

If **Yes,** please provide details:

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Amount Received (£)** | **Period Covered / Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

**15g. Forecast of future finances**

Complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Current FY / Year 1 (£) | Year 2 (£) | Year 3 (£) |
| Total Expenditure: | £  | £  | £  |
| Income Sources: |  |  |  |
| * Investments
 | £  | £  | £  |
| * Contract
 | £  | £  | £  |
| * Fundraising
 | £  | £  | £  |
| * Others
 | £  | £  | £  |
| Total Income: | £  | £  | £  |
| Net Surplus / (Deficit) | £  | £  | £  |

1. **Cash Flow**

A key component of the financial review is your cash flow.

How much cash are you holding at the time of making the application and how many months of operation does that cover?

|  |  |
| --- | --- |
| Amount (£) £  | Equating to months of operation |

1. **Reserves**To allow us to take a view on your sustainability please provide details of any reserves held including the make-up of your free reserves (Unrestricted and Designated)

|  |  |
| --- | --- |
| **17a.**Are you currently making use of your reserves? Please state **Yes / No**If **Yes,** give details (maximum 250 words) |   |
| **17b**.What is the value (£) of your free reserves in your most recent accounts? | £  |
| **17c.**How long will your unrestricted funds (minus any property) cover your current expenditure? (In number of months) |   |

**PREVIOUS AWARD**

**EVALUATION AND MONITORING**

1. **Outcomes – Previous Award (If Applicable)**

As stated at the time of our previous award our monitoring and evaluation of the grant will include achievement of outcomes as provided by you. An analysis of outcomes from any previous award will inevitably impact upon any grant awarded.

If you received a grant from us in the last Financial Year, please provide details of outcomes achieved. This can be taken from your latest outcome report if already submitted. The key to understanding outcomes is to **focus upon the benefits your beneficiaries will receive from your project’s service or activity**, not focus on what has been purchased with the grant or the number of courses run, or visitor numbers etc. In providing your response it may be wise to address the question “So what?” eg*: please do not just state - 30 individuals completed our course or received treatment – we are after the “So what”?*

**Summary of last Project’s achievements (Maximum 300 words) or state N/A if no earlier grant received.**

|  |
| --- |
| **Date Grant Approved:**  |
| **Grant Amount: £**  |
| **Summary of Previous Outcomes achieved (Maximum 300 words)** |
| **Previous Case Study (Maximum 300 words)**  |

**RECOGNITION OF AWARD**

**19. Recognition of any Award**

Please refer to 1.7 and 1.8 of our Terms and Conditions (see below) which detail the minimum we would expect your organisation to do to recognise any grant we award.

**Please describe how you will recognise the award, work with our Communications / Marketing Team and provide case stories for our use:**

|  |
| --- |
| (please complete, maximum 200 words);  |

Please add the contact details for the person who will oversee any PR / Marketing / Communications activity should this grant be successful:

|  |  |
| --- | --- |
| Contact Name: |   |
| Position: |   |
| Telephone No: |   |
| Email: |   |

**Extract from our Terms & Conditions**

**1.7** We will expect you to acknowledge the grant publicly as appropriate and as practical. In particular, we would expect you to acknowledge our support in any published documents that refer to the project, including any advertisements, accounts and public annual reports or in written and spoken presentations about the project.

We will, if our grant award is for £50K or more, expect you to insert a comment in the main body of your Annual Report and or Impact Report.

Should the grant be in excess of £100K, formal acknowledgement of the award in the form of a paragraph in your Annual Accounts and/or Impact Report, would be required and we are available to help draft any text as appropriate.

We will expect you to follow our branding and publicity guidelines at all times and liaise with our Communications Team at the earliest opportunity. We would also expect you to acknowledge our support on your website and social media channels. You will keep us informed of any significant media interest, whether local, regional or national, in the project or the support given to the project and/or your organisation by ABF, especially if that interest is potentially negative or may damage the reputation of ABF.

**1.8** No licence is granted to use the Charity’s name, logo and branding, except as permitted by the Charity in accordance with clause 1.7.

**GRANT PAYMENT & DECLARATION**

**20. Bank Details**Grants will be made by BACS, please confirm your Bank Account details:

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

**21. DECLARATION**I, the undersigned, confirm, on behalf of the above organisation named in Paragraph 1 of this application that:

* I am authorised to sign this declaration on behalf of the applicant organisation and I am the main Point of Contact.
* This application has been authorised by the Management Committee, Governing Body, or Board and that our organisation has the legal power to set up and deliver the services or projects described in this application form in a safe and secure manner and meeting all regulatory requirements.
* The information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by our organisation.
* I understand that any offer of a grant will be subject to terms and conditions, and I 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.

|  |  |
| --- | --- |
| Signed by: |   |
| Dated: |   |
| Position: |   |
| Organisation / Charity: |   |

*On completion, please email as a Word document to: externalgrants@armybenevolentfund.org and attach your last audited Annual Report and Accounts.*

**UK General Data Protection Regulation (UK GDPR) Consent:** For the purposes of the UK GDPR, by sending us an application you give your explicit consent for us to use data relating to your organisation for the purposes outlined herein. We will use the information you give us on this application form, in supporting documents, during assessment and during the lifetime of your grant (if awarded) to administer and analyse grants and for our own research purposes. We may give copies of all or some of this information to individuals and organisations we consult with when assessing applications, monitoring grants, and evaluating funding processes and impacts. These organisations may include, inter alia, accountants,

external evaluators and other organisations or groups involved in delivering our outputs. We may also share information with other grant-making bodies, government departments, organisations providing matched funding and other organisations and individuals with a legitimate interest in Army Benevolent Fund’s (ABF’s) applications and grants, or for the prevention and detection of fraud.

Army Benevolent Fund (ABF) complies with the requirements of the UK GDPR and is committed to respecting the rights of individuals. Information on the use of data by Army Benevolent Fund (ABF) is available from the Charity’s website: <https://armybenevolentfund.org/privacy/> or from the Charity’s Data Protection Officer c/o: Chief Operating Officer, Army Benevolent Fund (ABF), Mountbarrow House, 12 Elizabeth Street, London, SW1W 9RB.