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| **Template for drafting submissions for the**  **Local Grants scheme of the**  **Armed Forces Covenant Trust Fund** |

This is a template of the web form for the Local Grants scheme of the Armed Forces Covenant Trust Fund. The Local Grants scheme provides grants of up to £20,000 for projects which support the Armed Forces community in terms of community integration or local service delivery. Further details can be found here: <http://www.covenantfund.org.uk/local-grants-and-digital-development-programme/>

This template is to assist organisations to develop a bid and be able to share it with partners and their local Armed Forces Covenant partnership prior to completing the web application.

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| --- | --- | --- | --- |
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| CONTACT AND ORGANISATION DETAILS | | | |
|  | | 1a. What is the name of your organisation? |  |
|  | | Please check this - if the name is incorrect it may delay your application. |  |
|  | |  |  |
|  | | 1b. If applicable, what is the full legal name as shown on your governing document? |  |
|  | | Please check this - if the full name is incorrect it may delay your application. |  |
|  | |  |  |
|  | | 1c. What type of Organisation are you? (Drop down box) |  |
|  | |  |  |
|  | | 1d. Are you registered with the Charity Commission? |  |
|  | | Please tick the box if you are registered. |  |
|  | | 1e. Are you registered with Companies House? |  |
|  | | Please tick the box if you are registered. |  |
|  | |  |  |
|  | | 1f. Please provide any reference or registration numbers that you have. |  |
|  | |  |  |
|  | | Charity Commission for England and Wales |  |
|  | |  |  |
|  | | Charity Commission Northern Ireland |  |
|  | |  |  |
|  | | Office of the Scottish Regulator |  |
|  | |  |  |
|  | | Companies House Registration Number |  |
|  | |  |  |
|  | | Financial Conduct Authority Number |  |
|  | |  |  |
|  | | UIN Number |  |
|  | |  |  |
|  | | Other Reference Number |  |
|  | |  |  |
|  | | If Charity or CIC status is pending, please tell us the date when you applied for this. |  |
|  | |  |  |
|  | | 1g. If your organisation is a branch of a larger organisation, do you have authorisation to submit this application? |  |
|  | |  |  |
|  | | 2. What is the main address for your organisation? |  |
|  | | If we offer you a grant, this address is where we’ll send our offer letter, so make sure you can safely receive post at this address.  This should be your organisation’s office address. |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | City | |  |  |  |  |  | | --- | --- | |  | County | |  |  | |  | Postcode | |  |  | | |
|  | | **3a. Who is the main contact for this application?**  *They must be someone who runs or works for your organisation.* |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | Title | |  |  | |  | Other Title - Please specify | |  |  | | |
|  | | Forename(s) |  |
|  | |  |  |
|  | | Surname |  |
|  | |  |  |
|  | | Job Title or Position |  |
|  | |  |  |
|  | | E-mail |  |
|  | | The Email address should be the one used for your organisation.  We’ll use this whenever we get in touch about your project. |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | Office/Daytime Landline Telephone Number | |  |  | |  | Mobile Phone | |  |  | | |
|  | | Tell us about any particular communication needs this contact has. |  |
|  | | This might include text phone, sign language, large print, audiotape, Braille or a community language. |  |
|  | |  |  |
|  | | **3b. Please provide a Second Contact**  They must be someone who runs or works for your organisation – and could be a trustee or board member if the Primary Contact is the chief executive. |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | Title | |  |  | |  | Other Title - Please Specify | |  |  | | |
|  | | Forename(s) |  |
|  | |  |  |
|  | | Surname |  |
|  | |  |  |
|  | | Job Title of Position |  |
|  | |  |  |
|  | | E-mail |  |
|  | | The Email address should be the one used for your organisation.  We’ll use this whenever we get in touch about your project. |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | Office/Daytime Landline Telephone Number | |  |  | |  | Mobile Phone | |  |  | | |
|  | | 4. Does your organisation have a website or social media presence? |  |
|  | |  |  |
|  | | **4a. If Yes, please provide the address details.** |  |
|  | |  |  |
|  | | Web Address |  |
|  | |  |  |
|  | | Facebook Address |  |
|  | |  |  |
|  | | Twitter Address |  |
|  | |  |  |
|  | | Other Address |  |
|  | |  |  |
| ABOUT YOUR PROJECT | | | |
|  | | 5. What would you like to call your project? |  |
|  | | Please give your project a short title (5 words or fewer) that captures what you want to do, something we can use to publicise your project on our website if you are successful. |  |
|  | |  |  |
|  | | 5a. Tell us about your organisation. |  |
|  | | Briefly tell us about your organisation and your main activities. You can write up to 150 words. |  |
|  | |  |  |
|  | | 5b. Summarise what your project will do. |  |
|  | | Briefly tell us what your project will do in 50 words or fewer.  **We may use this in our publicity, if we offer you a grant so please write this in the third person (‘the organisation will…’ rather than ‘we will…’)** |  |
|  | |  |  |
|  | | 5c. Tell us more about what your project will do and what changes it will make. |  |
|  | | Tell us what you will do, when and where you will do it, who will be involved and what change it will make to the people involved.  You can write up to 250 words. |  |
|  | |  |  |
|  | | 5d. Why is your project needed? |  |
|  | | You can write up to 200 words. |  |
|  | |  |  |
|  | | 5e. Tell us how the people and communities who will benefit from your project have been consulted and have shown their interest? |  |
|  | | You can write up to 250 words. |  |
|  | |  |  |
|  | | 6a. Which of the Covenant Fund’s priorities will your project address? |  |
|  | | Information about the priorities is listed in the guidance available on our [**website.**](https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcovenant-fund-guidance-on-how-to-apply&data=02%7C01%7C%7C4c7525124b8247dfd39308d5f3330f73%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C636682322980504548&sdata=JWs7upgb3wvUEZqbAbMT6EozGVRoxPkQQPaWQ5SAmyk%3D&reserved=0) |  |
|  | |  |  |
|  | | 6b. What activity is your project carrying out? |  |
|  | | Please select all that apply (from the drop down box). |  |
|  | |  |  |
|  | | 7a. How will your project address Community Integration/Local Service Delivery? |  |
|  | | Descriptions and criteria of the priority are listed in our guidance.  You must show how your project will clearly meet the priority under which you are applying. This is a key success criterion for the Covenant Fund, so do answer this question as fully as possible.  Only those projects which clearly demonstrate how they meet the specific requirements for the priority they are addressing are likely to be funded.  You can write up to 500 words. |  |
|  | |  |  |
|  | | 7b. Why will your project be successful? What difference will it make?  Tell us about your skills and experience of delivering work of this type or of organising other relevant activities. |  |
|  | | You can write up to 250 words. |  |
|  | |  |  |
|  | | 7c. Tell us how your project will have a lasting impact beyond the end of the funding period. |  |
|  | | Tell us how you will ensure that the benefits and solutions delivered by your project will be sustained beyond the life of the funded project.  We want to know how you will:   * Embed the changes (activities, services, attitudes and relationships) you bring about as a result of your project. * Manage the end of your funded period - whether you are looking to stop the project at a certain date, or if you will look for the project to become self-sustaining, or funded through other sources. Tell us what will happen to any funded posts and items.   You can write up to 250 words. |  |
|  | |  |  |
|  | | **8. Who are you working with?** |  |
|  | |  |  |
|  | | Tell us about any **organisations you are working with** on this project and **what they are contributing** (e.g. knowledge, connections, in-kind support, availability of premises, volunteers, funding).  Please also tell us about your **working relationship** - is it contractual, informal, or do you have a partnership agreement? |  |
|  | |  |  |
|  | | |  |  | | --- | --- | |  | Organisation Name 1 | |  |  |  |  |  | | --- | --- | |  | Relationship 1 (Agreement/Partnership/Contract) | |  |  | |  | Involvement 1 | |  |  | | |
|  | | |  |  | | --- | --- | |  | Organisation Name 2 | |  |  |  |  |  | | --- | --- | |  | Relationship 2 |      |  |  | | --- | --- | |  | Involvement 2 | |  |  | | |
|  | | |  |  | | --- | --- | |  | Organisation Name 3 | |  |  |  |  |  | | --- | --- | |  | Relationship 3 |      |  |  | | --- | --- | |  | Involvement 3 | |  |  | | |
|  | | **9. How many people will benefit from your project?**  *We do not need to know the make-up of the beneficiaries here, just the numbers involved. If there are none, please enter 0.* |  |
|  | |  |  |
|  | | 10a. Who are the beneficiaries? |  |
|  | | Please select all that apply (from the drop down box). |  |
|  | |  |  |
|  | | 10b. How many volunteers will be involved? |  |
|  | | Please enter the number of volunteers involved. If there are none, please enter 0. |  |
|  | |  |  |
|  | | 10c. If you have volunteers involved, how will you recruit and manage them? |  |
|  | | You can write up to 250 words. |  |
|  | |  |  |
|  | | 11a. Please tell us when you plan to start your project? |  |
|  | |  |  |
|  | | 11b. Please tell us when you think your project will be completed? |  |
|  | | This date should be no more than 12 months from your project start date. |  |
|  | |  |  |
|  | | 11c. Please tell us where your project will be taking place? |  |
|  | |  |  |
| PROJECT COSTS | | | |
|  | **12a. How much will your project cost and how much would you like from us?** Please input costs to the nearest pound (£). | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  | **Item Description** | **Total Cost** | **Amount Requested from Us** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | **5** |  |  |  | | **6** |  |  |  | | **7** |  |  |  | | **8** |  |  |  | | **9** |  |  |  | | **10** |  |  |  | |  | **Totals** |  |  | | |  |
|  |  | | |
|  |  | | |
|  | |  |  | | --- | --- | |  | Total Project Costs |      |  |  | | --- | --- | |  | Total Amount that you are Requesting from us. | |  |  | | | |
|  | 12b. Please confirm the total grant amount that you are requesting? | |  |
|  | Please round this figure up to the nearest pound (£). | |  |
|  |  | |  |
|  | 13a. Are the total project costs more than the amount you would like from us? | |  |
|  | Yes/No | |  |
|  | **13b. If yes, where will you get the other funding from and have you secured it yet?** | |  |
|  |  | |  |
|  | Source of Funding | |  |
|  |  | |  |
|  | How Much? | |  |
|  |  | |  |
|  | Status - (Secured/Unsecured) | |  |
|  |  | |  |
| CONTACT WITH YOUR LCP | | | |
|  | | 14a. Have you discussed your project with anyone at the Local Covenant Partnership? |  |
|  | |  |  |
|  | | 14b. If you answer is ‘no’ please give your reason why? |  |
|  | |  |  |
|  | | **14c. If you answered ‘yes’ please provide your Local Covenant Partnership (LCP) contact:** |  |
|  | |  |  |
|  | | Full name of LCP contact |  |
|  | |  |  |
|  | | Email address of my LCP contact |  |
|  | |  |  |
|  | | Telephone number of my LCP contact |  |
|  | |  |  |
|  | | 14d. Has the Local Covenant Partnership named above endorsed this project? |  |
|  | |  |  |
|  | | 14e. Please provide any comments given by your LCP. |  |
|  | | It may be helpful to us when we are assessing your application to know you have the endorsement of your LCP.  See the [**Guidance Notes**](https://eur04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fcovenant-fund-guidance-on-how-to-apply&data=02%7C01%7C%7C4c7525124b8247dfd39308d5f3330f73%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C636682322980504548&sdata=JWs7upgb3wvUEZqbAbMT6EozGVRoxPkQQPaWQ5SAmyk%3D&reserved=0) for more information about this. |  |
|  | |  |  |
| YOUR DECLARATION | | | |
|  | | YOUR DECLARATION | |
|  | | The contact named in answer to question 3 must confirm that: |  |
|  | |  |  |
|  | | * The organisation named in answer to question 1 has been authorised by the governing body of your organisation (the board or committee that runs your organisation) and understands and accepts that they will be the accountable body for the delivery the project. * The information you have given is accurate and true. * You understand that if you make misleading statements or withhold information at any point, your application will be invalid and your organisation will be liable to repay any money you have received. * Any organisations mentioned in question 8 as delivery partners have seen this application and agree with the content (as we may contact them as part of the assessment process). * You have read and understood the guidance and supporting information on our website and meet our requirements. * You will be able to meet the small grants terms and conditions on our website. * You agree we can use the information you have provided for the purposes described under our data protection policy. * You accept that if information about this application is requested under the Freedom of Information Act we will release it in line with our freedom of information policy. |  |
|  | |  |  |
|  | | Please tick the box to confirm that you agree with the above. |  |
|  | |  |  |