

# ARMED FORCES COMMUNITY COVENANT GRANT APPLICATION FORM

This form has been designed as a generic application form for financial support from the Community Covenant Grant Scheme. Its purpose is to enable those who consider the application to make a balanced decision, based on the information provided, on whether funds can be released for the purpose requested. In the boxes below please give a FULL description of the proposal for which you are applying for financial support. You should provide as much relevant information as possible, please try to keep within the word limit, in order to put the project into context within the business and nature of your organisation.

You are asked to show costings for the project, where possible supported by quotations received. Where the application form asks for information on income, we require to know the sources, as well as the amounts, of money being provided by other organisations that you have approached to fund your project. Additionally, we need to know the shortfall in funding and the amount that you are seeking from the Community Covenant Grant Fund. Where any heading seems inappropriate, please write 'Not appropriate' or 'None' as the case may be.

#### COMPLETED FORMS SHOULD BE SUBMITTED TO YOU LOCAL COMMUNITY COVENANT PARTNERSHIP BEFORE COMING TO MOD (PLEASE SEE THE SCHEME GUIDANCE NOTES FOR MORE DETAILS ON WHO THIS IS OR CONTACT THE COVENANT TEAM ON 0207 218 9110 IF YOU NEED FURTHER HELP).

Applications endorsed by the Community Covenant Partnership should be returned to:

DCDS(Pers&Trg) Covenant Team Ministry of Defence 6<sup>th</sup> Floor, Zone 6 MOD Main Building Horse Guards Avenue London SW1A 2HB

1.	What do you intend to do? (max 500 words)
2.	How does this link to overall aim of Community Covenant? (max 200 words)
3.	Who will benefit from this project and how? (max 200 words)
4.	What is your total predicted expenditure and please advise what sum of the total

expenditure you are seeking in this application? (you are required to add more detail later in this form)

5. Do you intend to work with other organisations (if so who).

6. What is your projected timetable for the project? Please include start and end date for the project and major milestones.

7. How will you measure success?

8. How will the project be sustained once Community Covenant Funding has ceased? (max 200 words)

9. Have you applied for other grants or financial support from other government departments, Local Authorities, charities or elsewhere to fund or partially fund the activities proposed in this business case? If yes, please give details.

10. Does your proposal require planning permission? If so, has this been sought and agreed? Please provide copies of relevant paperwork.

11. Please provide the name and contact details of the person who has overall responsibility for managing the project (please provide a postal dress and email address)

12. Please give name and contact details of all the parties to this bid

Signed \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_

13. Community Covenant Partnership endorsement. Please outline why you are supporting this bid. (max 500 words)

14. In signing this document, you agree that the information given is true and correct to the best of your knowledge and that if the bid is successful you agree to be bound by the Terms and

Conditions published	
Signed	Print
Signed on behalf of XX County Council	Date
Signed	Print
Signed on behalf of Armed Forces Community	Date
Signed	Print
Signed on behalf of Community Covenant Partnership	Date

### **BREAKDOWN OF COSTS**

Please provide a breakdown of the projected costs for this project using the template below. Headings may be changed as necessary as those given below are for example only.

## ONE OFF COSTS

Area of expenditure	Total Cost
TOTAL	

#### **ONGOING COSTS**

Area of expenditure	Quarter 1/Month 1	Quarter 2/Month 2	Quarter 3/Month 3	Quarter 4/Month 4
Staff costs				
Building Materials				
T&S				
TOTAL				
TOTAL ONGOING				