**The CCFA Group Activity Grant Programme**

**Application Form**

*Please refer to the CCFA Group Activity Grant Programme ‘Guidance Notes’ before completing this form. Applicants should ensure that this application form is completed in full, with detailed information given in order to enable a fair and comprehensive assessment to be made; incomplete applications will not be considered.*

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| **ACTIVITY NAME** |  |
| **ACTIVITY DATES** |  |

|  |  |
| --- | --- |
| **CCF CONTINGENT** |  |
| **CCF – POINT OF CONTACT** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **DATE OF APPLICATION** |  |

1. **GRANT REQUEST**

|  |  |
| --- | --- |
| **Total amount requested** | £ |

|  |
| --- |
| **Grant Breakdown** *(please list in detail specific costs associated with this grant request)* |
| 1 | Activity Costs | £ |
| 2 | Equipment Costs | £ |
| 3 | Travel Costs | £ |
| 4 | Food Costs | £ |
| 5 | Other Costs | £ |

Please select to confirm what type of activity this grant would support:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DofE |  | Music |  | Sport |  | BFS\* |  | Other *(specify)* |  |

\*Battlefield Study

|  |  |
| --- | --- |
| **Who will benefit from the activity this grant supports?** | Number of Cadets:  |
| Number of CFAVs:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes/No |  | No. VAD |  |

Will CFAVs be receiving VA for this activity?

|  |
| --- |
| **What is the purpose of the grant? Please specify the details of the activity** *e.g. travel, training, equipment purchase (for the latter please list each item and indicate intended future use).* |
|  |

|  |
| --- |
| **What are the direct or indirect benefits of the activity to the participants? What effect will it have?** *Additionally, please give any other information that you consider relevant in support of your application.* |
|  |

1. **FINANCES**

|  |
| --- |
| **Please outline the financial issues currently facing the CCF contingent** *e.g. current income and expenditure of the CCF contingent, factors explaining why you require financial assistance.* |
|  |

|  |
| --- |
| **Please outline the total costs involved with this grant application** *e.g. how will this be funded and what proportion of the funds are you requesting from the CCFA? What, if any, are the costs per individual?* |
|  |

1. **SUMMARY**

|  |
| --- |
| **What would be the impact on the CCF contingent not receiving this grant?** *E.g. would the planned purchases or activity be cancelled? Would the financial deficit be passed on to the individual cadet?* |
|  |

For the correct source of funding to be allocated, please highlight the total number of cadets if the following applies to the cadets within the beneficiary group:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Bursary Student |  | 5 | SEN Student\* |  |
| 2 | Pupil Premium |  | 6 | BAME Student\* |  |
| 3 | FSM\*  |  | 7 | Other *(specify below)* |  |
| 4 | LAC\* |  |  |
| **Please provide any supporting comments about the beneficiaries within the group** *e.g. general location information – high level of deprivation, low income families etc.* |
|  |

*\*FSM (Free School Meals), LAC (Looked After Child), SEN (Special Educational Needs), BAME (Black, Asian, Minority Ethnic)*

1. **DECLARATION**

This declaration must be signed by the Contingent Commander to ensure this is an authorised and approved activity.

Contingent Commanders should ensure that this application form is completed in full prior to submitting via email to grants@combinedcadetforce.org.uk

*By signing below I declare that the information that has been provided is true and correct. In order to be eligible for this grant I am aware that my CCF contingent must hold a current membership with the CCFA.*

|  |
| --- |
| **CONTINGENT COMMANDER RANK AND FULL NAME** |
|  |
| **CONTACT NUMBER** | **EMAIL ADDRESS** |
|  |  |

|  |  |
| --- | --- |
| **Contingent Commander’s Signature** |  |
| **Date** |  |

1. **CONTINGENT BANK DETAILS**

**PLEASE PRINT IN BLOCK CAPITALS**

**CCF CONTINGENT DETAILS**

|  |  |
| --- | --- |
| CCF Contingent Name |  |
| CCF Contingent Address |  |
|  |
| CCF Contingent Post Code |  |
| CCF Email *(notification of payment will be sent)* |  |

**BANK DETAILS**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
|  |
| Bank Post Code |  |

**ACCOUNT DETAILS**

|  |  |
| --- | --- |
| Account Name *(in full)* |  |
| Sort Code *(must be 6 digits)* |  |  | **-** |  |  | **-** |  |  |
| Account Number *(must be 8 digits)* |  |  |  |  |  |  |  |  |

**DECLARATION**

***By signing below I declare that the information I have provided is correct and that I have included the authorised bank details associated with the CCF contingent mentioned above.***

|  |  |
| --- | --- |
| Signature: | Date: |
| Full Name |  |
| Position |  |
| Telephone No. |  |