**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. The application must be submitted at least 3 months before the activity takes place. Incomplete applications will not be considered.*

1. **GENERAL INFORMATION**

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

|  |  |
| --- | --- |
| **CCF CONTINGENT** |  |
| **SERVICE AFFLIATION** (RN, Army or RAF) |  |
| **CCF – POINT OF CONTACT** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **DATE OF APPLICATION** |  |

1. **GRANT REQUEST** *(please note that, in general, activity grants are awarded up to* ***£750 only****)*

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

|  |  |  |
| --- | --- | --- |
| **Grant Breakdown** *(please note that the figures below must add up to the total amount requested above)* | | |
| 1 | Activities Grant | £ |
| 2 | Travel Grant | £ |
| 3 | Other Grant *(please specify below)* | £ |
| Comments: | | |

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

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

\*Battlefield Study

1. **ACTIVITY DETAILS**

|  |  |  |
| --- | --- | --- |
| **Who will benefit from this activity?** e.g. number of personnel the activity is planned for? | Number of Cadets: |  |
| Number of CFAVs: |  |

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

Will CFAVs be receiving VA for this activity?

|  |
| --- |
| **Please write a brief description of the planned activity** *e.g. location, activities involved, the use of external instructors, what is the main objective of the activity?* |
|  |

|  |
| --- |
| **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 e.g. how the activity relates to or enhances the cadet syllabus.* |
|  |

|  |
| --- |
| **How will the grant be used towards the activity?** E.g. payments for external instructors, activity provider, accommodation, transportation, to reduce contribution by individual cadets etc.*Additionally, please give any other information that you consider relevant in support of your application.* |
|  |

1. **FINANCES**

|  |  |  |
| --- | --- | --- |
| **Activity Breakdown** *(please list in detail ALL specific costs associated with this activity)* | | |
| 1 | Activities Costs | £ |
| 2 | Equipment Costs | £ |
| 3 | Travel Costs | £ |
| 4 | Food Costs | £ |
| 5 | Other Costs | £ |
| 6 | **Total Activity Costs** | **£** |

|  |  |  |
| --- | --- | --- |
| **Income Breakdown** *(please detail other sources of income that will be supporting this activity)* | | |
| 1 | Contingent Contribution | £ |
| 2 | Individual Cadet Contributions | £ |
| 3 | School Contribution | £ |
| 4 | Other Grant Funding | £ |
| 5 | Other Income | £ |
| 6 | **Total Activity Income** | **£** |

|  |
| --- |
| **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 provide any other information that you consider relevant in support of your application** *e.g. why you require financial assistance, factors that have increased activity costs.* |
|  |

1. **SUMMARY**

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

For the correct source of funding to be allocated, please highlight the number of cadets taking part in this activity where the following applies:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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@cadetsinschools.org](mailto:grants@cadetsinschools.org)

*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’s Full 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 |  |
| 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. |  |