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| **VETERANS’ COMMUNITY CENTRES FUND**BAND A FORM –OFFLINE WORKING DRAFT USE ONLY DO NOT SUBMIT THIS VERSION |
| **CONTACT AND ORGANISATION DETAILS**  |
|  |
|   | **1. What is the name of your organisation?** |
|   | *Please check this - if the name is incorrect it may delay your application.* |
|   |  |
|   | **1a. If different, 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.* |
|   |  |
|   | **1b. Are you a charity registered with the Charity Commission?**  |
|   |  |
|   | **1c. Are you registered with the Charity Commission?** |
|   | *Please tick the box if you are registered.* |
|   |  |
|   | **1d. Are you registered with Companies House?** |
|   | *Please tick the box if you are registered.* |
|   |  |
|   | **1e. 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** |
|   |  |
|   | **If Charity or CIC status is pending, please tell us the date when you applied for this.** |
|   |  |
|   | **1f. If your organisation is a branch of a larger organisation, do you have authorisation to submit this application?** |
|   | **YES/NO** |
|   | **2. What is the main address for your organisation?**  |
|   | *If we offer you a grant, this address is where we’ll send any postal communications, so make sure you can safely receive mail at this address. This should be your organisation’s office address.*  |
|   |  |
|   | **3. Who is the main contact for this application?***They must be someone who runs or works for your organisation.* |
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| --- | --- |
|   | **Title** |
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| --- | --- |
|   | **Other Title - Please specify** |
|  |   |
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 |
|   | **Forename(s)** |
|   |  |
|   | **Surname** |
|   |  |
|   | **Job Title or Position** |
|   |  |
|   | **E-mail** |
|   | *The Email address should be the one used for your organisation.**We’ll use the email you provided whenever we get in touch about your project.*  |
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|   | **Office/Daytime Landline Telephone Number.** |
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|   | **Mobile Phone** |
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|   | **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.*  |
|   |  |
|   | **3a. 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*. |
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| --- | --- |
|   | **Title** |
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| --- | --- |
|   | **Other Title - Please Specify** |
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 |
|   | **Forename(s)** |
|   |  |
|   | **Surname** |
|   |  |
|   | **Job Title of Position** |
|   | **Email** |
|   | **If you do not have an organisational email address, please explain why?** |
|   | *The Email address should be the one used for your organisation.**We’ll use the email you provided whenever we get in touch about your project.*  |
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| --- | --- |
|   | **Office/Daytime Landline Telephone Number** |
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|  |  |
| --- | --- |
|   | **Mobile Phone.** |
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|   | **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** |
|   |  |
|   | **Other Address** |
|   | **5. Does your organisation primarily support beneficiaries from the Armed Forces community?** |
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|   | **YES/NO** |
|   | **5a. Tell us about your organisation** |
|   | *You can write up to 50 words.* |
|   |   |
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| **5b. Do veterans *frequently* or *regularly* make use of the venue you would like to improve?** |
| ***Frequent*** *use may mean the venue is accessed by veterans, daily, or a few times each week,* *whilst* ***regular use*** *could be just twice a year but on specific event dates, for example.* **YES/NO** |

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| **5c. Does your organisation own the venue or have security of tenure, as required?** |
| *If you are unsure what we mean by this, please revisit the Guidance Notes* |

**YES/NO** |
|  | **6. Amount Requested** |
|  |  |
|  | **ABOUT YOUR PROJECT** |
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| **7. Project Title****7.a Project description****7b. Please tell us when you think your project will begin** |
| *This date should be no more than one (1) month after you receive an award* |
| **7c. Please tell us when you think your project will completed.** |
| *This date should be no more than twelve (12) months from your project start date.* |

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| **7d. Describe how veterans use the venue and how often.** |   |

*Be specific and describe the type of use made by veterans (e.g. bridge-playing night, employment skills workshops, governance/committee meetings)**You can write up to 250 words* |
|   | **7e. Describe your venue and its characteristics.** |
|  | *How many social areas, kitchens, meeting rooms etc?* |
|   | *You can write up to 250 words* |
|   | **7f. Briefly describe the planned renovations/repairs and why they are needed.** |
|   | *You can write up to 250 words.* |
|   | **7g. Tell us how these works will improve the health and social lives of veterans and how they have been involved in planning your project.****.** |
|   | *You can write up to 300 words.* |
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| **7h. How will these capital works be managed and what prior experience your organisation’s management team** **or board has in respect of capital projects?** |

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|   | *You can write up to 250 words.* |
|   |  |
|   | **7i**. **What key project risks have you identified and how will these be addressed? Please list up to three main risks.** |
|   | *You can write up to 250 words.* |
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| **7j. What permissions are needed in preparation for these works?**  |
|  *Please list, indicating any, which are outstanding.* *You can write up to 100 words* |

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|   | **PROJECT COSTS** |
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| **8. Have you received three (3) independent quotes for the proposed works?** |
| **YES/NO** |

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| **8b. Briefly describe your procurement process.***You can write up to 150 words* |

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|   |  |
|   | **Please provide a summary breakdown of your planned costs:****This section on the form will allow you to break down your application into your key items and the costs of this. You will need to provide a description of each item. There are up to 10 rows for you to complete in the application form** |
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|   | **Sample Item: Description****Sample Item: Total Cost****Sample Item: Amount requested from us** |

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|   | **8c. Total Project Costs – MUST EQUAL THE AMOUNT REQUESTED IN THIS APPLICATION**  |  |
|  | *Please round this figure up to the nearest pound (£).*  |   |
|   | 0.00 |  |

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| **YOUR DECLARATION**  |  |

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|   |   |
|  | The contact named in answer to Question 3 must confirm that: |
|   |   |
|   | * You have not previously received funds to carry out the same capital works from either the Covenant Fund or LIBOR Funds
* 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.
* You have read and understood the Guidance Notes on our website and meet our requirements.
* You will be able to meet the Veterans’ Community Centres programme 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.** |
|   |  |