SALISBURY DIOCESAN FORCES WELFARE TRUST

(Registered Charity N250335)

Application for a Grant

Please ensure you have read the separate Guidance to Bidders document and the Instructions for completing this form before proceeding.

UNIT / SUB-UNIT (Abbreviated **and in full**)

POSTAL ADDRESS AND POST CODE

SHORT PROJECT TITLE

BRIEF DESCRIPTION OF THE PROJECT (Working title)

BROAD INTENT IN TERMS OF MORAL & SPIRITUAL WELFARE OUTCOMES

(What shortfall is being addressed? What benefits are being sought? What will the changes deliver? How will this benefit the wider community?

METHOD – How will the project achieve the intent? How will success be measured?

THEORY - HOW MANY PEOPLE COULD BENEFIT FROM THE PROJECT? (Broken down where appropriate by serving officers/other ranks, families, civilians, veterans, cadets.)

REALISM - HOW MANY PEOPLE ARE LIKELY TO BENEFIT FROM THE PROJECT?

TOTAL COST OF PROJECT

<u>COSTING OF PROJECT</u> (With breakdown as appropriate. Indicate the range of quotes [at least two] sought and confirm Military Discount has been requested.)

WHAT IS THE AMOUNT OF UNIT OR OTHER CONTRIBUTION?

AMOUNT NOW REQUESTED FROM FORCES WELFARE FUND

WILL THE PROJECT CONTINUE WITHOUT CONTRIBUTION FROM FUND?

HOW WILL THE PROJECT BE MODIFIED IF CONTRIBUTION IS LESS THAN

REQUESTED? (If possible, please prioritise elements of your bid to assist trustees in the event they are unable to grant the full amount requested.)

HAS UNIT BEEN SUCCESSFUL IN AN APPLICATION IN THE LAST 5 YEARS AND IF SO, HOW MUCH WAS GRANTED AND FOR WHAT PROJECT?

BANK ACCOUNT TO	WHICH TO WHICH	A TRANSFER	SHOULD BE	MADE
Account Title:				
Sort Code:				
Account Number:				

NAME AND ADDRESS TO WHICH CORRESPONCENCE SHOULD BE SENT

NAME/SIGNATURE OF OFFICER SPONSORING THE APPLICATION

Date:

SUPPORTING COMMENTS OF UNIT COMMANDING OFFICER

NAME/COUNTER SIGNATURE OF UNIT COMMANDING OFFICER

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SUPPORTING COMMENTS OF MEMBER OF THE CLERGY PROMOTING THE APPLICATION

NAME/ COUNTER SIGNATURE OF MEMBER OF THE CLERGY PROMOTING THE APPLICATION

Date: