**ACCT NI GRANT PROGRAMME – APPLICATION FORM**

|  |  |
| --- | --- |
| Activity Name |  |
| Activity Dates |  | Full Amount Requested | £ |
| Detachment |  |
| ACF County[[1]](#footnote-1) |  |

|  |  |
| --- | --- |
| Total ‘non-public funds’ held by ACF County[[2]](#footnote-2)?  | £ |
| *Total liabilities (committed funds):* | *£* |
| *Total not currently allocated* | *£* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Who will benefit from the activity this grant supports? | No. Cadets |  | No. CFAVs |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will participating CFAVs be receiving VA for this activity? | Yes/No |  | No. Days |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How much are you requesting per individual? (*If applicable)* | Per Cadet | £ | Per CFAV[[3]](#footnote-3) | £ |

|  |
| --- |
| What is the purpose of the grant? Please specify the details of the activity (who, what, where and why?). |
| If applicable, a separate itinerary/MEL may be attached to support this grant application.  |
|  |
| Please select to confirm what type of activity this grant would support: |
| DofE |[ ]  Music |[ ]  Sport |[ ]  AT |[ ]  BFS[[4]](#footnote-4) |[ ]  Other (specify) |  |
|  |
| What are the direct benefits of the activity to the participants? What effect will it have? |
|  |

|  |  |
| --- | --- |
| What is the total cost associated with this activity? | £ |
| Please provide an itemised breakdown of all the costs associated with this activity below. |
| A separate spreadsheet of all the costs may be attached to support this grant application.  |
| Please provide an itemised breakdown of all the income associated with this activity below. |
| A separate spreadsheet of all the income may be attached to support this grant application.  |

|  |
| --- |
| Has other grant funding been secured[[5]](#footnote-5)? Please specify how much in total has been requested/secured to date. |
| Including requested funds from ACCT UK.  |

|  |
| --- |
| Are internal non-public funds being used? Please specify how much in total is being contributed to this activity[[6]](#footnote-6). |
|  |

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| --- |
| If this grant request (and others) were successful, the personal contribution per head would be[[7]](#footnote-7)? (*If applicable)* |
| Per Cadet | £ | Per CFAV | £ | Per NUV | £ |

|  |
| --- |
| If applicable, please list any additional documents that have been submitted to support this grant application |
|  |

**Please make the following written declaration regarding this activity:**

|  |  |
| --- | --- |
| Have you received ‘Authority in Principle’? *Yes, or no?* |  |
| Have you discussed this application with the Senior Activity Owner? *Yes, or no?* |  |

**Declaration – Activity Owner/Delegated Officer**

*By signing below, I declare that the information I have provided within this grant application is correct and that I have been authorised as the Activity Owner/Delegated Officer.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Full Name: |  |
| Position: |  |
| Email Address: |  |
| Telephone No: |  |

**Contact Details – Commandant**

*ACCT NI reserve the right to check activity details with your Chain of Command.*

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Full Name: |  |
| Position: | Commandant |
| Email Address: |  |
| Telephone No: |  |

*ACCT NI considers grant applications for* **ACF Cadets** *and* **Cadet Force Adult Volunteers** *only.*

Please summit via email to:acct-ni@acctuk.org**.**

**BANK DETAILS FORM**

ACCT NI will make grant payments through official ACF County bank accounts unless otherwise authorised.

THIS FORM MUST BE COMPLETED ALONGSIDE THE APPLICATION FORM.

THIS FORM MUST BE FILLED IN BY THE CADET EXECUTIVE OFFICER.

**PLEASE PRINT IN BLOCK CAPITALS.**

**GRANT RECIPIENT DETAILS**

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

**ACCOUNT DETAILS**

|  |  |
| --- | --- |
| Bank Name |  |
| 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 ACF County mentioned above.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Full Name: |  |
| Position: | Cadet Executive Officer (CEO) |
| Email Address: |  |
| Telephone No: |  |

1. An ACF County includes all Counties, Battalions and Sectors [↑](#footnote-ref-1)
2. This should be the full amount of ‘non-public funds’ held across all budgets. This figure is mandatory, this application will not be considered without it. [↑](#footnote-ref-2)
3. Please note that ACCT NI will not usually give a grant for CFAVs involved in a County led activity, so please ensure you provide justification for that request. [↑](#footnote-ref-3)
4. Battlefield Study [↑](#footnote-ref-4)
5. It is often easier to make an activity affordable with a range of small grants from different organisations. ACCT NI looks favourably on requests with wider support from other organisations. [↑](#footnote-ref-5)
6. If internal non-public finds are not being used, please explain why, particularly if there are any barriers and/or commitments that are preventing this. [↑](#footnote-ref-6)
7. How much are you expecting the Cadet/CFAV and/or NUV to personally contribute in order to attend this activity? [↑](#footnote-ref-7)