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| **NAAFI Application**  |
| **CONTACT AND ORGANISATION DETAILS**  |
|   | **1a. NAAFI Code provided** |   |
|   | *This will have been sent to you in an email from NAAFI when you received the link to this application form.The code must have been sent to you in 2022 to be valid.* |   |
|   |  |   |
|   | **1b. Which of the Armed Forces Services will this project benefit?** |   |
|   | *You can select more than one from the drop down menu below.* |   |
|   |  |   |
|   | **1c. If 'Other' please specify.** |   |
|   |  |   |
|   | **1d. What is the name of your Unit?** |   |
|   | *Please provide the FULL name of your unit without acronyms.* |   |
|   |  |   |
|   | **1e. UIN Number** |   |
|   |  |   |
|   | **2. What is the main address for your Unit?**  |   |
|   | Please provide as much of the address as you are able to. If you cannot provide an address please ensure you provide county/country/BFPO number.  |   |
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|   | **2a. City** |
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|  |  |
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|   | **2b. County** |
|  | Error  |
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 |
|   | **2c. Postcode / BFBO Number** |   |
|   | **2d. Country (drop down of countries)****2e. If other, please specify** |   |
|   | **3. Please note that included below you will be asked for the details of two contacts within your unit. Both contacts MUST provide their MOD email address (that is, not a personal email address).Please think carefully who about who these contacts will be - we will need:*** **A main Point of Contact (POC) who will deliver the project.**
* **A secondary POC (this should be your CO or equivalent)**
* **We understand that those in these posts may change at short notice, so may also ask you to confirm both POC should you be successful.**
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|   | **3a. Who is the main contact for this application?***This must be the person responsible for delivering the project and managing it day to day.* |   |
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|   | **Title** |
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|   | - Select One - |

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|   | **Other Title - Please Specify** |
|  | Error  |
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 |
|   | **Forename(s)** |   |
|   |  |   |
|   | **Surname** |   |
|   |  |   |
|   | **Rank** |   |
|   |  |   |
|   | **Job Title or Position** |   |
|   |  |   |
|   | **E-mail** |   |
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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.*  |   |
|   |  |   |
|   | **3b. Please provide a Second Contact***Senior Authority - This must be the person responsible for the Unit such as a CO.* |   |
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|   | **Title** |
|  | Error  |
|   | - Select One - |

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|   | **Other Title - Please Specify** |
|  | Error  |
|   |  |

 |
|   | **Forename(s)** |   |
|   |  |   |
|   | **Surname** |   |
|   |  |   |
|   | **Rank** |   |
|   |  |   |
|   | **Job Title of Position** |   |
|   |  |   |
|   | **E-mail** |   |
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|   | **Office/Daytime Landline Telephone Number** |
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|   | **Mobile Phone** |
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| **ABOUT YOUR PROJECT**  |
|   | **4. What would you like to call your project?** |   |
|   | *Please give your project a short title (five words or fewer) that captures what you want to do, something we can use to publicise your project on our website if you are successful.*  |   |
|   |  |   |
|   | **5. Summarise what your project will do.** |   |
|   | *Briefly tell us what your project will do in 50 words or fewer. We may use this in our publicity, if we offer you a grant so please write this in the third person ('the organisation will ...' rather than 'we will ...')You can write up to 50 words.* |   |
|   |  |   |
|   | **6. Please attach your supporting letter from your unit Commanding Officer (or equivalent) here.** |   |
|   | *Please check the Guidance notes before attaching it to ensure that the letter has all the required information* |   |
|   | **7. Please select the theme under which your project falls.** |   |
|   | *Please select your theme from the drop down-menu below.* |   |
|   |  |   |
|   | **8. Tell us more about what you plan to do if you receive a grant.**  |   |
|   | *You can write up to 200 words.* |   |
|   |  |   |
|   | **9. How will your project improve quality of life within the unit? How do you know it is needed?** |   |
|   | *You can write up to 200 words.* |   |
|   |  |   |
|   | **10a. Please tell us about any other organisations or departments you will need to work with to deliver the project.** |   |
|   | *Describe their role and why you will be working with them. (E.g. If you will require support from any relevant other departments like DIO, or plan to work in partnership with outside organisations such as charities.)You can write up to 150 words.* |   |
|   |  |   |
|   | **10b. Will your project require a partnership agreement? This is required if you have delivery partners as part of your project.** |   |
|   | *A delivery partner is an organisation which is either:* * receiving part of the grant OR* * their involvement in the project, through providing resources or some other means, is critical to the delivery of the project. This does not include companies from whom you are purchasing items or contracts with suppliersPlease select from the drop-down menu.* |   |
|   |  |   |
|   | **11. Tell us about the skills and experiences of those involved in delivering this kind of work or organising relevant activities.** |   |
|   | *You can write up to 150 words.* |   |
|   |  |   |
|   | **12. Who are the main beneficiaries of the project?** |   |
|   | *Please select from the drop down menu below.* |   |
|   |  |   |
|   | **13. How many people will directly benefit?** |   |
|   |  |   |
|   | **14a. Please tell us when you plan to start your project?** |   |
|   | *Please Note: We cannot make payment for any work undertaken retrospectively or purchases made before the date we write to you if your application is successful.Please click on the calendar to select date. DO NOT enter date manually* |   |
|   |  |   |
|   | **14b. Please tell us when you think your project will be completed?**  |   |
|   | *Please ensure you include within your project period, a reasonable length of time for the purchased items/refurbished space/activity etc to be used/experienced so that you can report on the success of the project. The end date should be no more than 12 months after the start date. Click on the calendar to select date. DO NOT enter date manually.* |   |
|   |  |   |
|   | **15. Please tell us where your project will be taking place?** |   |
|   |  |   |
|   | **16. Please tell us your plans for continuing the project or using the facilities/equipment beyond the funding period.** |   |
|   | *E.g. how will it continue, to be managed and what will happen to any equipment purchased. Remember you have up to 12 months to deliver this project.You can write up to 150 words* |   |
|   |  |   |
| **PROJECT COSTS**  |
|   | **17. Please confirm the total grant amount that you are requesting.**  |   |
|   | *Please round this figure up to the nearest pound (£). Please only enter the amount. DO NOT use a currency symbol or any punctuation. E.g. 5000* |   |
|   |  |   |
|   | **18. Please provide a breakdown of the main costs of your project. (We may ask you for a detailed budget if you are awarded a grant)** |   |
|   | *You can write up to 200 words.* |   |
|   |  |   |
|   | **19. Please tell us how you will ensure that your project is value for money.** |   |
|   | *E.g. How will you decide which items to buy, if there are price ranges? If you are buying equipment, have you considered that it will be robust enough for your needs? Will you be obtaining quotes for any work undertaken or utilising internal personnel? Will sufficient people use the items/become involved in the project for it to be reasonable to spend the amount of money you are asking for?You can write up to 200 words.* |   |
|   |  |   |
|   | **20a. Are the total project costs more than the amount you would like from us?**  |   |
|   | *Please select from the drop-down.* |   |
|   |  |   |
|   | **20b. If you answered ‘yes’ to question 20a, please tell us if you are seeking funding as part of a bigger project, and how you have secured / plan to secure any other funding required.**  |   |
|   | *You can write up to 200 words* |   |
|   |  |   |
|   | **20c. Status - (Secured/Unsecured)** |   |
|   |  |   |
|   | **21. Please tell us the total cost of your whole project (including any funding outside of the requested amount on this form)** |   |
|   |  |   |
| **YOUR DECLARATION**  |
|   | **YOUR DECLARATION** |
|   |
|   |   |  |
|   |   |   |
|   | The contact named in answer to question 3 must confirm that: |   |
|   |   |   |
|   | * The unit named in answer to question 1 understands and accepts that they will be the accountable body for the delivery of 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.
* You have read and understood the guidance and supporting information on our website and meet our requirements.
* 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.** |   |
|   | Yes/No |   |
|   | **We will generally publish short summary details of every NAAFI project that is awarded a grant. Acknowledging your grant will form part of the grant agreement.Please tick here if sharing information publicly about your grant or your unit name (on our website or mentioned on social media) would present a substantial risk (E.g., for security reasons regarding location of your unit).** |   |
|   | *If you tick this box, we may contact you to understand more about the need to have a publishing restriction.*  |   |
| Yes/  | No |   |