**Through Life Pathway application for a Block Benevolence Grant**

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| **Details of the grant request** |
| How much funding are you seeking? | £ |
| What period does your funding request cover? | From: To: |

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| **Details of your organisation**  |
| The legal name of your organisation*(please also provide details if your organisation is known by another name)* |  |
| Length of time your organisation has been operating  |  |
| What is your organisation’s main activity / charitable objectives? (up to 500 words) |
| Registered address |  |
| Main telephone number |  |
| Main email address |  |
| Website |  |
| Name of primary contact relating to this application |  |
| Job title |  |
| Contact number |  |
| Email address |  |
| I agree that the RNRMC processes personal data set out in this application form as per the terms set out in RNRMCs Privacy Policy  | Yes / No |
| Charity number: |  | Company number: |  |
| OSCR number:*(Scotland)* |  | Charity Commission for NI Number: |  |
| COBSEO Membership | Yes / No |
| In order for this bid to go through to Stage 2 will you be able to evidence that Safeguarding policies and procedures are in place?  | Yes / No |

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| **Naval Beneficiaries** |
| Please tell us about the number of Naval beneficiaries your project will be supporting  |
| Number of Beneficiaries | Older & Dependant | Working Age – Serving | Working Age - Veterans | Children, families, young people |
| Royal Navy / Royal Marines Personnel | *e.g. 15*  |  |  |  |
| Tri Service / Civilian  |  |  |  |  |
| If the provided above are estimates, please explain how you reached these numbers: |
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| **Your project** |
| **Please tell us more about the project you are requesting funding for. (up to 500 words)** *Will this be a new or existing project?* |

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| **Declaration** |
| Please complete the section below. By signing and submitting this form, you are confirming that the information provided is correct and true. Any false or misleading information will result in this application being disqualified and any funding granted will be withdrawn. You are also confirming that this application has been authorised by your Management Committee, Governing Body or Board. |
| Signature (if using printed form) |  |
| Full name  |  |
| Date |  |
| Position in organisation |  |