

BRANCH (RETIRED) MEMBER REQUEST

Please submit the completed application form to: Association Administration Manager, QARANC Association, Robertson House, Slim Road, CAMBERLEY, Surrey, GU15 4NP or email manager@qarancassociation.org.uk

From	
Unit/Branch Details	
Email	
Tel No	
Date	

Nature of Activity/Function Date(s) and Justification	
Activity:	Date:
<p>Justification/Description – include how the grant request will be used. What is the objective of the grant and how does it meet the Objects of the QARANC Constitution¹. Refer to Chapter 16 of QARANC Association Handbook.</p>	

- a. To promote the efficiency of the Army by:
 - (1) Maintaining contact between past and present members of the Corps, fostering mutual friendship between them and providing for social gatherings for them; and
 - (2) Fostering esprit de corps, comradeship and the welfare of the corps and preserving its traditions.
- b. To relieve either generally or individually members of the Association or past and present members of the Corps and their dependants¹, who are in conditions of need, hardship or distress

Section Two: Financial Information – Breakdown of Costs

Please ensure this section is completed in full – if not, your application may be delayed as more information may be required to enable the Trustees to make a decision.

Breakdown of Costs	
Items/Activities	Cost
	£
	£
	£
	£
	£
	£
Total Costs:	A £
Source of Funds	
Other funding or grants applied for or received – e.g. branch funds, sponsorship, fund raising etc	
	£
	£
	£
	£
	£
Total of Grants and Other Income:	B £
Remaining amount to be funded (A-B)	C £
Number of Participants:	D
Amount that each person is required to contribute:	E £
Amount requested for each person from QARANC Association*	F £
Total Amount requested from QARANC Association *	G £

Note – refer to [The QARANC Association Grants](#) for funding application %

Any further information you would like the Trustees to know in order to consider your application:

Section Three: Banking Details

Unit/Branch bank details	Account Name:
	Sort Code:
	Account Number:

Section Four: Declaration

I confirm that the attached Nominal Roll is accurate and a true reflection of those participating, and that they are signed up to the Payroll Giving Scheme or have annual membership of the QA Association. I understand that any change in personnel must be notified to the Administration Manager prior to the event taking place. ☐

I confirm that Association funding will, in so far as is practicable, only benefit Association members. ☐

I confirm that in accordance with the QARANC Association grant process an individual will be nominated to liaise with the Association Office Manager to provide information and photos for social media and/or an article for The Gazette. ☐

Authorising (The applicant cannot self-certify this application).

I approve this event and confirm that it fulfils the criteria laid down in accordance with the QARANC Association Grant Scheme.

Name		Signature	
Appointment		Date	
Tel No		Email	

Checklist (please complete before submission):

Nominal role attached and has been checked for Association membership. ☐

Unit or Branch Bank Details have been included (monies will only be paid into unit or branch accounts). ☐

Authorising Officer has signed and supporting evidence attached for electronic signature. ☐

Office Use:	
Received on:	Board Date:
Grant Outcome:	
Total amount approved for payment	£
Applicant Notified:	
Post Board Decisions:	
Authorised for payment by:	
Recorded on database:	

Gazette Article Received: