QARANC ASSOCIATION GRANT APPLICATION FORM

Thank you for applying for a grant from the QARANC Association. Applications must be fully completed and submitted no later than six weeks before the event or activity start date to allow consideration by the QARANC Association Grants Board.

Branch applications must be supported and signed by the Branch Chair or Branch Treasurer.

Individual applications may be submitted directly and do not require an authorising signature.

Please submit the completed application form by email to generalsecretary@qarancassociation.org.uk.

Late or incomplete applications may jeopardise funding.

Applicant details	
Applicant:	**Name:** **Email:** **Branch:** **Branch appointment, if applicable:**
Activity details	
Nature of request:	**Activity or event details:** Please provide a brief description of the activity or event. For example: • Christmas function 2026 • branch AGM • educational visit • wellbeing or social activity
Date(s) of activity:	**Activity date:** Please provide the date or dates of the activity or event.
Number of attendees who are Association members:	**Association member attendees:** Please state the number of attendees who are QARANC Association members. If any attendees are also members of another branch, please include this information.
Number of attendees who official guests:	**Guests attending:** Please include any official guests attending the activity or event. This may include: • guest speakers • the Association Chair • the Association office staff • anyone attending in an official capacity to support or influence the branch

Financial details	
Breakdown of costs:	**Breakdown of costs:** Please provide a clear breakdown of all costs linked to the activity or event. This may include: • room hire • refreshments • guest costs • any other relevant expenditure
Other funds used in connection with this activity:	**Other funding:** Please confirm whether any other funds will be used to support this activity or event. This may include branch funds, personal contributions, or funding from another source.
Amount of personal contribution:	**Personal contribution:** Please state the amount each attendee will be asked to pay after any other funding or grant support has been applied.
Amount requested from QARANC Association:	**Funding requested:** Please specify what you are asking the QARANC Association to fund. This may include costs for: • room hire • the contribution for each Association member attending • guest meal costs • any other eligible costs directly linked to the activity or event
Impact and options	
Options: Have other options for achieving this event or activity been considered?	**Options considered:** Please explain whether any alternative options have been considered. This may include: • using a lower-cost venue, where costs are high • choosing an alternative venue for AGM room hire • holding the meeting online, if appropriate • confirming that no other suitable option was identified
Impact statement: What impact will this event or activity have?	**For example**, explain how the event will help members connect, enjoy shared activities, and benefit from meeting in person. If the request relates to an AGM, consider whether combining a face-to-face meeting with another event would be more productive for the branch.
Declaration and authorisation	
Declaration:	☐ I confirm that funding is being requested only in respect of attendees who are QARANC Association members, and acknowledge that I may be required to provide a nominal roll at any time. I further understand that any change to the number of attendees must be notified to the General Secretary in a timely manner. ☐ I confirm that Association funding will, so far as practicable, benefit Association members only. ☐ I confirm that, in accordance with the QARANC Association grant process, an individual will be nominated to liaise with the Association General

	Secretary and provide information and photographs for social media and/or an article for *The Gazette*. **Electronic signature:** **Date:**
Authorisation: Required if the application is not made by a branch key appointment holder.	**Name:** **Date:**
Office use only **This application has been reviewed by the General Secretary and has been:** Approved: Declined: **This application has been reviewed by the QARANC Association Benevolence and Grants Committee and has been:** Approved: Declined: Referred for further information:	
Total approved: **Applicant notified:** **Payment made:**	
Any additional comments:	