

## MNWB GRANT APPLICATION FORM

The deadline for grant applications closes annually on 1st September.

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| **Name of Organisation:** | **Registered Charity Number:** | | |
| **Contact Name:** | **Date of Application:** | | |
| **Project Title:** | | | |
| **Grant Applied for from MNWB** | | **£** |  |
| **If applicable – grants from other sources** | | **£** |  |
| **If applicable - own contribution** | | **£** |  |
| **Total Cost of Project** | | **£** |  |
| **Does the Application include the cost of VAT? Yes  No If Yes, VAT recovery rate:**  **%** | | | |
| **Registered for VAT? Yes**  **No** | | | |

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| **Purpose of Grant:** |
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| **Charitable Objectives(Unless clearly stated in the attached Annual Report)** | | |
|  | | |
| **Reserves Policy** **(Unless clearly stated in the attached Annual Report):** | | |
|  | | |
| **Value of investments sold to finance operations: Last financial year** | **£** |  |
| **This financial year** | **£** |  |
| **Planned for next financial year** | **£** |  |
| **Declaration**  We confirm that all state and local authority assistance, to which our charity and its beneficiaries are entitled, has been claimed. We are happy that this application is shared with other members of the Maritime Charities Funding Group and, where applicable, members of the local Port Welfare Committee/s. **Yes** | | | | |



## MERCHANT NAVY WELFARE BOARD

**GRANT APPLICATION FORM**

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| **FINANCIAL INFORMATION** | **Financial Years Ended:** | | | |
|  | **Latest** | | **Previous** | |
|  | **Date:** | | **Date:** | |
| **Incoming Resources** | **£’000** | **£’000** | **£’000** | **£’000** |
| Legacies………………………..……..……..……… |  |  |  |  |
| Investment Income……….……………..……….…. |  |  |  |  |
| Other Grants & Donations….……………..…………… |  |  |  |  |
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| **Outgoing Resources** |  |  |  |  |
| Direct Charitable……………………….…….…….. |  |  |  |  |
| Fundraising/Publicity……………………….……… |  |  |  |  |
| Management/Administration………………….…… |  |  |  |  |
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| **Operating Surplus/(Deficit)** |  |  |  |  |
| **Gains/(Losses) On Investments:** |  |  |  |  |
| Realised………………………………………….… |  |  |  |  |
| Unrealised…………………………………………. |  |  |  |  |
|  |  |  |  |  |
| Net Movement In Funds |  |  |  |  |
| **Investments (Cost)/Market Value…..……… .** |  |  |  |  |
| **Net Current Assets (Liabilities) Excl. Bank & Cash..…..** |  |  |  |  |
| **Bank and Cash Balances...……………………………….** |  |  |  |  |
| **Total Net Assets** |  |  |  |  |

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| Please explain any major variations in the above figures from one year to the next and any significant  changes expected in the current or following year: |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TABLE A – Port Based Welfare Services (Including Seafarers’ Centres) Only:** | | | | | | | | |
| Number ofseafaring persons who received any kind of aid or support during the financial years quoted: | **Latest Year**  **Date:** | | | | **Previous Year**  **Date:** | | | |
| **MN** | **Fishermen** | **RN** | **Others** | **MN** | **Fishermen** | **RN** | **Others** |
| (a) Number of Serving Seafarers Assisted |  |  |  |  |  |  |  |  |
| (b) Number of ex Seafarers & Dependents Assisted |  |  |  |  |  |  |  |  |
| (c) Number of Non Seafarers Assisted |  |  |  |  |  |  |  |  |

Please confirm that you provide:-

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| --- | --- | --- | --- | --- |
| **All** |  | **YES** | **NO** | **NOT APPLICABLE** |
| * Visits to vessels by chaplain and/or ship visitors | |  |  |  |
| * Easy access to places of worship | |  |  |  |
| * Transport facilities to places of worship, sports facilities, shops, etc | |  |  |  |
| * Access to a private meeting place | |  |  |  |
| * Rapid access to a properly trained person with counselling skills | |  |  |  |
| * Easy and cheap telecommunications | |  |  |  |
| * Sale of provisions and/or ability to purchase on behalf of seafarers | |  |  |  |
| * Provision of international newspapers and/or magazines | |  |  |  |
| * Exchange of magazines and books | |  |  |  |
| * Distribution of local information material, including port welfare information leaflets | |  |  |  |
| * Distribution of health information material | |  |  |  |
| * Access to sports facilities e.g. football matches, swimming pools, etc. | |  |  |  |
| **Seafarers Centre Only** | | | | |
| * Access to the centre between 8am and midnight, to take into account various shift patterns aboard ship and shipping activity | |  |  |  |
| * Easy availability of free/very cheap transport to the centres | |  |  |  |
| * The provision of non-alcoholic beverages and refreshments or meals as appropriate | |  |  |  |
| * Provision of a full or part time chaplain, or ship welfare visitor attached to the centre and available at short notice | |  |  |  |
| * A room available to use as a chapel | |  |  |  |
| * Alternative access to places of worship for other denominations or religions available where practicable | |  |  |  |
| * A private meeting room and rapid access to a properly trained person with counselling skills | |  |  |  |
| * Access to the Internet | |  |  |  |
| * Access to wi-fi network | |  |  |  |
| * Provision of entertainment/leisure facilities e.g. TV/ DVD, pool, darts, etc. | |  |  |  |

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| **TABLE B Vehicles** | | | |
| Vehicle Make & Model Sought | |  | | Estimated Annual Mileage | |  |
| Is this a replacement vehicle? **Yes  No** If Yes, age and mileage of vehicle to be replaced: | | | | | |  |
| Is Vehicle Sought New or Used? **New**  **Used** If used approx age and mileage: | | | | |  | |
| Total Cost | **£** | | MNWB Grant Applied for | | **£** | |
| Contributions from own and/or other societies. Please specify | | | | | **£** | |

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| **TABLE C Seafarers’ Homes** |  | |
| If providing residential care, please complete this table | **Financial Year Ended…………………..** | |
|  | **Latest**  **Date:** | **Previous**  **Date:** |
| Average number of ex MN residents (inc dependants) per day |  |  |
| Average number of ex fishermen residents (inc dependants) per day |  |  |
| Average number of ex RN residents (inc dependants) per day |  |  |
| Average number ofother residents per day |  |  |
| **Total cost per annum for each resident** | £ | £ |

**ALL**

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm that you have adopted the following recommendations:- | | **YES** | **NO** |
|  | The implementation of regular meetings with each resident |  |  |
|  | Health care services, including transport, is provided when appropriate |  |  |
| 1. ` | Beneficiaries/residents are encouraged to organise and/or participate in social events |  |  |
|  | There is access to financial and legal advice, advocacy, counselling and bereavement services for residents |  |  |
|  | Take steps to maximise available income through current legislation |  |  |

**ALMHOUSES – INCLUDING INDEPENDENT LIVING SCHEMES & SHELTERED HOUSING**

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm that you have adopted the following recommendations:- | | **YES** | **NO** |
|  | There is a system in place to assess the support/care needs of residents to determine that the level of independence remains sufficient or a move to a Care Home considered |  |  |
|  | All properties are equipped with an emergency call system (even where there is a warden present), a security system equipped with smoke detectors, fire extinguishers and fire blankets (in the kitchen) |  |  |
|  | At least some properties are equipped for those with disabilities which includes low level showers and, if appropriate, stair lifts |  |  |
|  | Homes have communal facilities such as a garden and a lounge |  |  |
|  | Your organisation is a member of the Almshouse Association |  |  |

**HOSTELS**

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm that you have adopted the following recommendations:- | | **YES** | **NO** |
|  | There is a system in place to assess the support/care needs of residents to determine that the level of independence remains sufficient or a move to a Care Home considered |  |  |
|  | At least some rooms are equipped for those with disabilities which includes low level showers and, if appropriate, stair lifts |  |  |
|  | A cafeteria with a well balanced diet is provided |  |  |
|  | You have communal facilities such as a garden and a lounge |  |  |
|  | Your hostel is accessible to amenities such as health care, shopping, entertainment, etc. |  |  |

**CARE HOMES**

|  |  |  |  |
| --- | --- | --- | --- |
| Please confirm that you have adopted the following recommendations:- | | **YES** | **NO** |
|  | You have, or have attempted to, set up a relatives/carers association or other communication channel |  |  |
|  | You will arrange Occupational Therapy |  |  |