

# Application for a Felix Fund Grant – Veterans / Dependent Family

Felix Fund helps serving personnel and veterans who have conducted or assisted with EOD & Search duties; we also support their dependent family members.

Applications will be considered when:

- a) there would be a clear welfare/rehabilitation benefit to the recipient(s) and
- b) the required funds are not available from other sources. (Welfare benefits or statutory payments etc.)

We welcome applications from personnel who have conducted or assisted with EOD & Search duties, and on their behalf by a third party i.e., Unit Welfare, Chain of Command, other charity, friend, or family member.

- Please complete sections 1-8 in as much detail as possible - incomplete applications will be rejected.
- Please attach relevant quotes, advertised prices and supporting documents.
- Completed forms should either be emailed to [enquiries@felixfund.org.uk](mailto:enquiries@felixfund.org.uk) or posted to: Felix Fund, Vauxhall Barracks, Foxhall Road, Didcot OX11 7ES.

All requests for assistance are treated confidentially and in line with Felix Fund’s Safeguarding Policy which can be found on our website [www.felixfund.org.uk](http://www.felixfund.org.uk).

Part 1: Applicant Details	
Name:	
On behalf of (if applicable):	
Unit:	
Address:	
Postcode:	
Telephone:	Email:

Part 2: What do you need?

**Part 3: - Why do you need it?**

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How many people will benefit from this request?

**Part 4: Project, Budget Breakdown including VAT:**

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Total Cost of the project including VAT

Amount requested from Felix Fund including VAT

**Part 5: Which organisations have you applied to? And how much have you requested?**

Charity Name	Have they agreed to assist you?	Requested amount £
PRI	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ECOPF	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Charity/s Please name below		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Felix Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will there be a personal contribution?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Total requested: £	
	Total Agreed: £	

**Part 6: Time Frame**

Felix Fund's trustees meet four times a year. However, trustees will consider requests at other times in between meetings. If you feel your case is genuinely urgent, please explain why.

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When is the decision needed by?

**Part 7: - Payment Details**

If your application is successful, how would you prefer to receive payment?

by cheque payable to

by bank transfer

Bank Name:

Account Name:

Account Number:

Sort Code:

Felix Fund will not pay third party suppliers for goods. Payment must be made to the individual.

**Part 8: Your Declaration & Data Protection (please tick)**

I enclose copies of all quotes, advertised prices and other supporting documents.  
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All information on this form is correct to the best of my knowledge.

I give permission for Felix Fund to use my grant application should it be awarded, as a case study.

I am aware that by law Felix Fund must retain my information for 6 years.

I am aware I can request details of my personal information stored.

Felix Fund complies with all Data Protection and Privacy laws as laid down by the UK Government.

**Part 9a: Trustee Authorisation – To be completed by Felix Fund only**

Has the group or individual requested support for this item / assistance before?

Has due diligence been carried out prior to the application reaching Felix Fund?

Is there a genuine welfare need for this help? Has it been identified and detailed in the application?

Are there other sources of help that could be sought in place of Felix Fund or to contribute along with Felix Fund?

How much of the annual grant budget has been spent to date?

Amount Requested:

Amount Approved:

Annual Grant Budget:

Expenditure to Date:

Balance if Approved:

Part 9b: Felix Fund CEO Comments	

Part 10: Felix Fund Treasurer	
Payment Method:	Date
Voucher Number:	Date
Signature of Treasurer:	Date