

GRANT MAKING AND FUNDING POLICY – June 2026

The purpose of this policy is to set out the principles, criteria and processes that govern Greenwich Hospital's grant awards and other funding.

A grant is defined as a financial award made by Greenwich Hospital (GH) from its funds to support charitable activities, as authorised by GH's objects and our governing legislation. Other funding may be provided by GH, where GH commissions support or programmes.

Greenwich Hospital follows the Cobseo Funding Principles, also adopted by the Royal Navy and Royal Marines Charity, the Army Benevolent Fund and the Royal Air Force Benevolent Fund:

1. Evidence of need.

- *Evidence of the need, and a beneficiary-centric approach to delivery that prioritises support for the beneficiary over which organisation should respond, and targets those most in need.*
- *Demonstrate the importance of the charitable service to the sector, both in terms of direct support to beneficiaries, and in substituting for gaps in statutory provision.*
- *Whether regional or national delivery is envisaged, and the rationale if replicating services that are already being provided, noting we look to the state as the first choice for delivery.*
- *Consideration of the delivery options and rationale for the proposed way forward.*
- *Whether the need is temporary or enduring, and the likely impact (e.g. alleviating, resolving or preventing).*
- *Any risk of reputation damage to the sector.*

2. Impact and effectiveness of delivery.

- *Evidence of cooperation, partnerships, efficiency and rationalisation, particularly where there are other organisations operating in the same sector.*
- *Evidence of plans being in place to ensure beneficiary needs are met, including on a sustainable basis where the need is enduring.*
- *Evidence of the effectiveness of the proposed services (e.g. evaluation processes in place).*
- *Engagement with, and adherence to, sector support infrastructure where necessary (e.g. Casework Steering Group tenets for case working).*

3. Efficient use of resources and an effective organisation.

- *Evidence of financial sustainability, both now and with developed plans in place to sustain services in the longer term.*
- *Complementary fundraising arrangements are in place.*
- *Engagement with other funders to bring in additional investment that will enhance support to beneficiaries.*

- *An effective reserves policy is in place. This is assessed with a high degree of context and subjectivity. Reserves need to be sufficient, but not excessive. Liquidity can be as important a factor as value.*

1. Objects of Greenwich Hospital

Greenwich Hospital is a Crown body providing charitable support to serving (including reserve) and retired personnel of the Royal Navy (including the Royal Marines and the Royal Fleet Auxiliary) and their families. Its objects arise from the founding charter of 1694; these are interpreted permissively and broadly by the Director of Greenwich Hospital (DGH) and Advisory Board for the present day:

“The relieve and support of seamen serving on board the Shippes or Vessells belonging to the Navy Royall who by reason of Age, Wounds or other disabilities shall be incapable of further Service at Sea and being unable to maintain themselves”.

This is interpreted to permit funding to serving and former serving personnel in **acute need** for:

- The prevention or relief of poverty;
- The advancement of health or the saving of lives;
- The relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantage.

“And for the Sustentation of the Widows and the Maintenance and Education of the Children of Seamen happening to be slain or disabled”.

This is interpreted to permit funding to families (spouses/partners and children), particularly through funding of **education** (including vocational training) for:

- The prevention or relief of poverty;
- The advancement of education;
- The advancement of citizenship or community development;
- The relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantages.

“Also, for the further relieve and Encouragement of Seamen and Improvement of Navigation.”

This is interpreted to permit funding to enhance the **welfare** of serving and former serving personnel, their partners and families, and for the operational effectiveness of the Royal Navy:

- The advancement of citizenship or community development;
- The advancement of amateur sports;
- The promotion of religious or racial harmony or equality and diversity;
- The promotion of the efficiency of the armed forces of the Crown.

2. Definition of Need

All grants and other funding are made in response to evidenced need. Need, in respect of a Beneficiary or Beneficiaries, is defined by one or more of the following attributes:

- Where there is a personal or collective disadvantage when compared with non-armed forces citizens due to military service as envisaged or referred to within the Armed Forces Covenant.
- Where someone is suffering from an impediment or other challenge, including but not exclusively: mental and physical ill-health, isolation and loneliness, old age, bereavement, addiction, lack of education, challenges gaining employment (including self-employment), homelessness and relationship breakdown.

- Where there is justification for the provision of academic or empirical evidence-based research into the needs set out above, or into the impact of funding intended to address those needs, in order to better inform understanding of need and funding decisions, and to enhance impact.

3. Greenwich Hospital Funding and Grant Making Governance

- 3.1 The Secretary of State for Defence has ultimate responsibility for all funding and grant-making decisions, which have been delegated to DGH.
- 3.2 The Advisory Board advises and assists DGH by offering expert professional advice, concerning grant-making and joint funding partnership agreements. Members of the Advisory Board can recommend an approach to all funding and grant-making decisions in line with GH's charitable purposes or propose restrictions in funding agreements.
- 3.3 Decision-making recommendations lie with the Advisory Board, its Charity and Education sub-committee or GH staff within Greenwich Hospital's agreed framework of delegation in relation to grant making.
- 3.4 Each decision-making level reserves the right to apply conditions to any grant.
- 3.5 The decision-making levels reserve the right not to approve any recommendation to award a grant if they determine that the resulting award will not be charitable, falls outside GH's priorities or criteria for funding, would conflict with GH's stated policies, would not deliver appropriate outcomes or might damage its reputation.
- 3.6 Those within the decision-making framework will ensure that any conflicts of interest are declared. Conflicts will be managed by ensuring that the individual with a declared conflict refrains from involvement in any decision relating to a grant application or consideration of a monitoring or impact report. Conflicts of interest will be formally noted in the minutes of meetings where grants or monitoring/impact reports are being considered.

4. Grant Making Criteria

- 4.1 GH is a Crown body that makes grants and provides funding to support activities that further GH's objects. Grant and funding awards are therefore generally restricted to organisations supporting, and individuals currently or formerly serving within, the Royal Navy (including the Royal Marines and the Royal Fleet Auxiliary), their partners and families. Organisations do not have to be registered charities to apply for a grant.
- 4.2 GH awards grants and provides funding in the following categories:
- **Organisational Awards:** to registered charities, Community Interest Companies, social enterprises, commercial businesses or other organisations delivering support, activities, accommodation or research as authorised by Greenwich Hospital's objects and governing legislation.
 - **Strategic Awards:** to charities and organisations to distribute funds and deliver support on GH's behalf for the benefit of current or previously serving Royal Navy, Royal Marines and Royal Fleet Auxiliary personnel, their partners and families.

- **Individual Awards:** to individuals who are serving or have previously served in the Royal Navy, Royal Marines and Royal Fleet Auxiliary, their partners and families.

4.3 There are no specified lower limits to the amount of grant that can be awarded by Greenwich Hospital, nor is there an upper limit. Applicants may be advised of an amount to bid for.

Grants and funding cannot be awarded retrospectively to organisations; therefore, applicants are advised to only apply for projects that will start after or will still be continuing after the outcome of a decision-making process. Retrospective grants may be awarded to individuals on an exceptional basis.

4.4 Whilst some grants and funding may be paid immediately, other grants and funding may be deferred pending recommended action or the fulfilment of a specified condition or conditions. Grants and funding may also be withdrawn where an organisation is not able to utilise them within a year of confirmation of an award.

5. Grant Making and Funding Processes

5.1 Each organisation or individual applying for funding must satisfy the due diligence process before a grant or funding is approved. Due diligence consists of the following steps:

- Confirming that an organisation undertakes eligible charitable activities and is eligible to receive a grant or funding;
- Confirming that any grant award or payment will be used in line with Greenwich Hospital's objects;
- Checking the financial health of the organisation and ensuring that a grant award or funding will be effectively managed;
- Checking that appropriate Governance arrangements are in place and are actively used and reviewed;
- Confirming that the appropriate policies and processes are in place in relation to the grant or funding application's focus;
- Confirming that the applicant organisation's approach to Equality, Diversity and Inclusion is in line with the requirements of the Equality Act 2010 and GH's policy;
- In the case of grants awarded to individuals, ensuring that the recipient lies within GH's beneficiary group and that the individual is in sufficient financial or other hardship to benefit from the award being made.

5.2 Once all checks have been completed, contact is made to explore the organisation's intended delivery approach, to agree on appropriate monitoring requirements and outcomes to ensure the measurement of the impact of the funding, and to agree on how funds may be spent. In the case of an individual, this may be done on GH's behalf by an identified and approved case working organisation.

5.3 Royal Hospital School and Royal Navy Learning and Development Organisation Bursary awards are usually considered on the level of income and assets not exceeding £100,000 per annum, although an assessment of total disposable income may be made.

5.4 Each grant or funding award will either go through a two-person approval process or be approved through one of the decision-making panels. The current responsibility for the approval of grants and funding is as follows:

- Up to £2,000 – Charity and Education Co-ordinator, Grants and Data Co-ordinator
- Up to £5,000 – Grants Managers
- Over £5,000 and up to £50,000 – Charity Team (meets weekly to consider applications)
- Over £50,000 and up to £250,000 – Charity Scrutiny Panel (meets termly to consider applications). The Grants Director is authorised to approve grants and funding up to £50,000 out of committee by exception.
- Over £250,000 – GH’s Charity and Education Committee on behalf of the Advisory Board. Applications must first have been reviewed and recommended by the Charity Scrutiny Panel.

5.5 DGH has the authority to approve all grants and funding out of committee but will delegate as appropriate.

5.6 In addition to responding to nominations to support individuals or organisations, GH may, at its discretion, invite or commission proposals or combine funds (both internally and with other funders) to jointly support projects or programmes that support GH’s priorities.

5.7 Grant and funding recipients are encouraged throughout the process to engage with GH if they need to change the use of a grant or to request an extension in the grant delivery date.

5.8 If a grant or funding is not claimed within six months of the initial award, GH will seek to rescind the grant, following consultation with the applicant. Rescinding an award would not prevent an organisation from re-applying once they were able to utilise the funds, provided the re-submitted application is approved by the appropriate forum.

5.9 At the time of an award, if conditions are stipulated, those conditions may need to be met before the release of any funds.

6. Principles underlying Funding Programmes

An undergirding guide to Greenwich Hospital’s grant making is the RAND Europe *Meeting the Needs of the Royal Navy and Royal Marines Community* report’s recommendation that support should move from being reactive and crisis-led towards preventative, family-centred and adaptable provision, underpinned by better coordination across the welfare landscape.

The grants and funding programmes will feed the 6 RAND themes with their findings and recommendations:

1. **Health, Well-being and Resilience.** Funding upstream interventions that build individual and family resilience before problems escalate.
2. **Family and Relationships Support.** Recognising the central role of families in service life, funding will ensure holistic family support, improved provision and communication for service children, and more affordable, accessible, and flexible childcare. The importance of advocacy for families in general and children in particular should be recognised in funding, particularly for the serving community, over access to NHS services. Funding should also address transport difficulties for families in remote base locations and the challenges of dispersed families. Funding should

enable consistent and aligned communication to ensure entitlement to support is better understood and the stigma to help-seeking is alleviated.

- 3. Employment and Financial Wellbeing.** Funding will ensure strengthened employment support for partners, work to improve civilian recognition of service-leaver skills, and reinforce financial wellbeing support both before and after transition.
- 4. Housing and Local Infrastructure.** Funding will enhance access to good-quality housing for serving families (through effective advocacy) and former serving personnel (especially the homeless and vulnerable), collaboration with local authorities in high Naval presence areas, and sustained awareness of housing insecurity risks during and after transition.
- 5. Inclusive and Holistic Service Delivery.** Funding will enhance joined-up, navigable and inclusive support systems; improved triaging, signposting and communication; improved co-production of resources (charities and beneficiaries); a balanced mix of in-person and digital support; expanded peer-to-peer approaches; accessible services for underrepresented groups; and capture of impact with evaluation of support offered (using common measures such as ONS 4 where practical).
- 6. Strategic Future Planning and Community Growth.** Funding planning will future-proof, charitable support, enabling it to respond to geopolitical uncertainty. This will mean balancing current against future needs, both in our funding of support delivery organisations, and their choice of how they use their own resources. Please see Annex G for more details of the Naval charities' reserves.

7. Grants and Funding Programmes

7.1 Acute need

- Block grants to charities making individual acute need grant payments;
- Block grants to charities/organisations providing direct support to individuals and families in acute need:
 - To enable wounded, injured and sick beneficiaries to fulfil their potential and achieve independence if feasible;
 - To improve physical or mental health;
 - To prevent escalation of need or deterioration in health, or to provide support to terminal illness and end-of-life care;
 - To provide support to families in need or to partners and children with health, bereavement, social or educational needs;
 - To enable financial stability and independence;
 - To maintain or enhance family relationships;
 - To improve transition to civilian life;
 - To combat addiction;
 - To continue to support those who need ongoing care post-transition to civilian life.

7.2 Education

- Individuals:
 - Means-tested Royal Hospital School bursaries to children of serving or former serving RN personnel attending RHS in cases of pastoral or educational need;
 - Means-tested bursaries to universities for serving personnel in conjunction with the RN Learning & Development Organisation.

- Organisations:
 - Block grants to charities/ organisations providing non-means-tested life skills and social mobility-enhancing opportunities for the children of serving personnel, enabling beneficiaries to thrive;
 - Block grants to charities or organisations providing support to service children (notably those with Special Educational Needs), schools and teaching staff;
 - Block grants to charities/ organisations providing employability and life skills-enhancing or preventative education to serving or former serving RN personnel and partners.

7.3 Welfare

- Block grants to charities advocating or working for the health & wellbeing of the RN community;
- Block grants to organisations/charities for initiatives to promote camaraderie and well-being and combat loneliness and isolation;
- Block grants to RN organisations to promote equity, diversity and inclusion;
- Block grants to, or funding of, RN or charity major infrastructure projects over £100,000 where public funding is not available.

7.4 Research, Capacity and Impact

- Direct funding of research enables Greenwich Hospital to have a more comprehensive understanding of need, which in turn informs more effective planning of its resources.
- Funding of capacity-building assistance to grantee organisations.
- Funding of impact evaluation and impact capture training.

7.5 As GH evaluates the impact of its service delivery, other grant programmes may be added or removed to ensure the maximum benefit to RN, RM and RFA serving and former serving personnel and their families.

8. Monitoring, Reporting and Publicity

8.1 All applicants receiving a grant or funding will need to identify and seek agreed outcomes, monitor them and report back the benefits and impact of the award. Templates will be provided to all applicants to support the reporting process, and outcomes will be agreed upon before the grant letter is exchanged.

8.2 Grants of up to £20,000 will need to submit a brief monitoring report highlighting how the funding has been spent, and the benefits of the award, with any photographs or documents evidencing the benefits. Applicants receiving a grant of over £20,000 are required to submit a detailed impact report, including the measurement of Outcomes/Key Performance Indicators (KPIs), and set out how they have met those indicators.

8.3 At the conclusion of an award, all applicants in receipt of over £20,000 will need to submit a final report, normally within one month of the end of the grant. If a final monitoring report is not submitted, Greenwich Hospital cannot consider any future grants until it is received.

8.4 In the case of multi-year awards, or if an award is payable in instalments within one year, the payment of subsequent grant instalments will be dependent on satisfactory progress having been demonstrated. GH reserves the right to withdraw, withhold, or request a refund of a

previous instalment in full, or in part, on receipt of unsatisfactory progress reports or failure to spend the full grant award without good reason.

- 8.5** Monitoring visits by the GH Charity team may take place at any time during the specified timescale of an award and, in the case of building projects, up to nine months after the building works have been completed.
- 8.6** Funded organisations may be asked to take part in publicity to highlight GH's funding work. This may include, but is not restricted to, names and photographs provided by the organisation being used, and the publication of the impact of their grant on the GH website, in impact reports or publications within the Royal Navy or Royal Marines sector. GH will ensure compliance with GDPR (General Data Protection Regulation) when using any publicity.
- 8.7** Organisations are expected to use the GH logo and name to acknowledge an award. The logo and support for any wording acknowledging a grant can be obtained through the Charity team.
- 8.8** GH expects to receive copies of any published articles, papers or other outputs which may result from a grant award. Recipients are expected to ensure that GH has sight of and the ability to input into any documentation it has funded prior to publication.

9. Amendments

GH may vary the terms of this policy from time to time to reflect any changes in priorities and grant programmes that may be on offer.

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Lead: Grants Director

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