Heart of Bucks Expression of Interest Form

Section 1 - Organisation

Organisation Name and Address Details

Name of your organisation
Address of your organisation
Street
Town/City
County
Postcode
Website
Telephone
General/Office Email

Main Contact Person
These are the details that will be used for correspondence purposes.

Title
Mr
Job title
Email

☐ Use organisation's address for correspondence

Organisation Start Date
What type of organisation are you?  
Select as many as appropriate

☐ A registered charity

☐ Company limited by guarantees

☐ Unincorporated club or association

☐ Community interest company

☐ Other

Are you part of a larger regional or national organisation?  
☐ Yes

Section 2 - Project

Project Details

Project / funding start date  Project / funding end date

Which local authority will the activity take place in?  
Aylesbury Vale

Please briefly describe the project for which you require funding

What positive changes would a grant make to the lives of people who use your project/service?

Section 3 - Impact

Beneficiaries

How many people will benefit from this funding?

Primary Beneficiary - Select a single option to represent the primary beneficiary group for this grant
Please list any other beneficiary groups who will benefit from your grant

- Black, Asian and minority ethnic
- Children and young people
- Families/Parents/Lone parents
- Lesbian, gay, bisexual and transgendered groups
- Long-term unemployed
- Not in education, employment and training (NEET 16+)
- People with alcohol/drug addictions
- People with learning difficulties
- People with mental health issues
- People with physical difficulties
- Refugees/asylum seekers/immigrants
- Women
- Carers
- Ex-offenders/offenders/At risk of offending
- Homeless people
- Local residents
- Men
- Older people
- People in care or suffering serious illness
- People with low skill levels
- People with multiple disabilities
- People living in poverty
- Victims of crime/violence/abuse

Ethnicity

Primary ethnic group - select a single option to represent the primary ethnic group for this grant

Please list any other ethnic groups who will benefit from your grant:

- White
- White British
- White Irish
- White East European
- White Gypsies and Travellers
- Other White
- Black Caribbean and White
- Black African and White
- Asian and White
- Other Mixed Ethnicity
- All ethnicities
- Asian and Asian British
- Indian
- Pakistani
- Bangladeshi
- Other Asian
- Black and Black British
- Caribbean
- African
- Other Black
- Chinese or other group
- Chinese
- Any other
### Issues

**Primary issue** - select a single option to represent the primary issue that will be addressed by this grant.

Please list any other issues that will be addressed by this grant:

- Arts, culture and heritage
- Anti-social behaviour
- Bullying
- Caring responsibilities
- Stronger communities/Community support and development
- Counselling/Advice/Mentoring
- Crime and safety
- Disability and access issues
- Domestic violence
- Economy
- Education, learning and training
- Employment and labour
- Emergency/Rescue services
- Environment and improving surroundings
- Financial exclusion and financial illiteracy
- Gangs
- IT / Technology
- Harmful practice
- Health, wellbeing and serious illness
- Homelessness
- Housing
- Language, culture and racial integration
- Mental health
- Offending/At risk of offending
- Poverty and disadvantage
- Refugees/Asylum/Immigration
- Religion
- Renewable energies and recycling
- Rural issues
- Sexual abuse
- Social inclusion and fairness
- Sport and recreation
- Stigma/Discrimination
- Substance abuse and addiction
- Supporting family life
- Violence and Exploitation

### Age Groups

Please indicate the primary age group that will benefit from this grant.

Please list any other applicable age groups for your grant.

- Early years (0-4)
- Children (5-12)
- Young people (13-18)
- Young adults (19-25)
- Adults (26-65)
- Seniors (65+)
- All ages
Section 4 - Project Budget and Consent

Project Budget
What is the total cost of the project?
How much money would you be looking to apply for?

Supporting Documents
Please list all of the policies that you have

Please upload:
Signed accounts for the most recent financial year. If you don’t have any accounts, please email grants@heartofbucks.org before submitting your expression of interest form.
A copy of your organisation’s governing document

If your organisation is a Community Interest Company please upload:
CIC 36 Form (if you registered as a CIC in the last 12 months)
CIC 34 Annual Report (if you have been registered as a CIC for more than 12 months)

☐ Documents attached. Please tick this box even if you have not uploaded any documentation. This is to enable your application to go through.

Add document

Declaration
I give permission for Heart of Bucks to record the information in this form on their database and to contact our organisation by phone, mail or email with regards to this Expression of Interest.

☐ I agree to the above