



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 Forename(s) Surname

Mr

Job title

Email

Use organisation's address for correspondence

Organisation Start Date

Month

Year

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

Income Over Last Accounting Year

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

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

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:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> White British |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White East European |
| <input type="checkbox"/> White Gypsies and Travellers | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Black Caribbean and White |
| <input type="checkbox"/> Black African and White | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Other Mixed Ethnicity | <input type="checkbox"/> All ethnicities |
| <input type="checkbox"/> Asian and Asian British | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Black and Black British |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> Other Black | <input type="checkbox"/> Chinese or other group |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> 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

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

- | | |
|---|---|
| <input type="checkbox"/> Early years (0-4) | <input type="checkbox"/> Children (5-12) |
| <input type="checkbox"/> Young people (13-18) | <input type="checkbox"/> Young adults (19-25) |
| <input type="checkbox"/> Adults (26-65) | <input type="checkbox"/> Seniors (65+) |
| <input type="checkbox"/> 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