



# Heart of Bucks Small Grant Application Form

## Section 1 - Organisation

### Organisation Name and Address Details

Name of your organisation

Address of your organisation

Street

Town/City

County

Postcode

Website

Facebook

Twitter

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

Work/Office Phone

Home Phone

Mobile Phone

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

## Staffing and volunteers

How many of each of the following are involved in the organisation?

Full time staff / workers

Part time staff / workers

Volunteers (excluding management committee)

Members (excluding management committee)

Management committee

Please describe briefly the aims and main activities of your organisation

## Section 2 - Project

### Project Details

Project name

Project / funding start date    Project / funding end date

Have you ever received grant funding before from us or any other funder?

Yes

Are you seeking other funding for this project?

Please give details of the funding raised so far for this particular project/activity

Please provide details of the other funding you are seeking for this particular project/activity

Which area (estate, town, village borough) do most of the people who will benefit come from

Which local authority will the activity take place in?

Please describe your project/activity in detail and how you would like to spend the grant.

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

## Section 3 - Impact

Which category best describes the impact your project will have?

Select the primary outcome for your project or activity

Select the second outcome for your project or activity

Select the third outcome for your project or activity

### Beneficiaries

How many people will benefit from this funding?

Number of people benefiting directly

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 devel | <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 has been raised so far?

How much money are you applying to us for? - Please fill in all the relevant breakdown boxes below

## Capital costs (Equipment)

Requested amount      Breakdown  
Total cost

## Office, overhead, premises costs

Requested amount      Breakdown  
Total cost

## Operational/activity costs

Requested amount      Breakdown  
Total cost

## Publicity costs

Requested amount      Breakdown  
Total cost

## Staff Costs

Requested amount      Breakdown  
Total cost

## Volunteer Costs

Requested amount      Breakdown  
Total cost

## Other costs

Requested amount      Breakdown  
Total cost

## Bank Details

If your application is successful we will make payment by BACS into your bank account. If you do not have a bank account of your own please contact us on [grants@heartofbucks.org](mailto:grants@heartofbucks.org) and we may be able to make alternative arrangements.

Bank name

Names of signatories

Do you have online banking facilities?

Yes

If different from cheque signatories, please list names of people able to authorise online payments

## Supporting Documents

Please list the names and home addresses of your management committee members

Please make sure you upload or post the following documents in order to complete your application. Any items sent by post must reach us by the advertised deadline date. **Incomplete applications will not be considered.**

Appropriate quotes/estimates for capital items (if applicable). Please make sure you have obtained more than one quote and if you have already selected your quote please explain your reasons within the body of the application form.

I agree to upload or post necessary supporting documentation, to be received by the advertised deadline date

Yes

[Add document](#)

## Declaration

It is essential that you understand and agree to the following statements. Please note that you must inform us immediately if responsibility for the grant transfers to anyone else at any time.

I confirm that I have been given authorisation to complete this application on behalf of this organisation.

I certify that the information contained in this application is correct and that I am authorised by the organisation to accept these conditions on their behalf.

We (the organisation) agree only to spend the grant for the purposes outlined in this application unless written confirmation of any changes has been received from Heart of Bucks. We agree to discuss any desired changes with a member of the grants team **before** spending the money.

We confirm that we have in place a robust financial system of control (as outlined on Heart of Bucks website)

We accept that Heart of Bucks will not, under any circumstances, be liable for any damage, injury or loss of any kind whatsoever to any property or persons occurring as a result of activities undertaken with this grant.

We will ensure that all necessary permits, licences and insurance are obtained for any event or project funded by this grant and that the event or project complies with all relevant regulations.

We acknowledge that we cannot sell or dispose of any equipment or other assets funded or part-funded by Heart of Bucks without first receiving written permission. If any equipment or assets are sold within their working life without such undertaking Heart of Bucks can ask for a percentage of the original grant to be returned.

We confirm that the grant will not be used for the provision of services to asylum seekers when those services are inconsistent with immigration laws or Home Office policy. We understand this includes, but is not limited to: the promotion of work-based training to asylum seekers; the provision of employment to asylum seekers unless they are otherwise permitted to take employment; the provision of services or activities to asylum seekers which are intended to assist with the integration of refugees.

We realise that we must keep all financial records and accounts including receipts for items bought with the grant for at least 7 years. These must be made available to Heart of Bucks if requested.

We 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 application.

I agree to the above