# Heart of Bucks Large 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.

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename(s)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job title</td>
<td></td>
<td></td>
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<tr>
<td>Work/Office Phone</td>
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<tr>
<td>Home Phone</td>
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<tr>
<td>Mobile Phone</td>
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<tr>
<td>Email</td>
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</tbody>
</table>
Management committee

Members (excluding management committee)

Volunteers (excluding management committee)

Part time staff / workers

Full time staff / workers

Other

Community interest company

Company limited by guarantees

Unincorporated club or association

A registered charity

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.

Please explain how the people or community accessing your services are disadvantaged and tell us about the issues they face

What needs and disadvantage will your project address and what opportunities will you create?

Please explain how you know that the people in your community want this project/activity and what evidence you have collected to demonstrate this

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

Please explain how you will measure and report on the positive changes made?

Please tell us about your organisation's experience of helping people and the impact of your previous work; you may also want to tell us about the people involved in your project and why you are confident in their ability to make the project succeed.

How do you see this project/activity progressing after this funding comes to an end or do you see this as a one off project/activity?

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:

- 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:
<table>
<thead>
<tr>
<th>Options</th>
<th>Options</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>White British</td>
</tr>
<tr>
<td>White Irish</td>
<td>White East European</td>
</tr>
<tr>
<td>White Gypsies and Travellers</td>
<td>Other White</td>
</tr>
<tr>
<td>Mixed</td>
<td>Black Caribbean and White</td>
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<tr>
<td>Black African and White</td>
<td>Asian and White</td>
</tr>
<tr>
<td>Other Mixed Ethnicity</td>
<td>All ethnicities</td>
</tr>
<tr>
<td>Asian and Asian British</td>
<td>Indian</td>
</tr>
<tr>
<td>Pakistani</td>
<td>Bangladeshi</td>
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<tr>
<td>Other Asian</td>
<td>Black and Black British</td>
</tr>
<tr>
<td>Caribbean</td>
<td>African</td>
</tr>
<tr>
<td>Other Black</td>
<td>Chinese or other group</td>
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<tr>
<td>Chinese</td>
<td>Any other</td>
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</tbody>
</table>

**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
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

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 relevant breakdown boxes below

<table>
<thead>
<tr>
<th>Capital costs (Equipment)</th>
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<tbody>
<tr>
<td>Requested amount</td>
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<tr>
<td>Total cost</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Office, overhead, premises costs</th>
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<tbody>
<tr>
<td>Requested amount</td>
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<tr>
<td>Total cost</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational/activity costs</th>
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<tbody>
<tr>
<td>Requested amount</td>
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<tr>
<td>Total cost</td>
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<table>
<thead>
<tr>
<th>Publicity costs</th>
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<tbody>
<tr>
<td>Requested amount</td>
</tr>
<tr>
<td>Total cost</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Costs</th>
</tr>
</thead>
</table>
Requested amount  Breakdown
Total cost

Volunteer Costs
Requested amount  Breakdown
Total cost

Other costs
Please do not duplicate any information previously included above.
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 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 posted must be received 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

☐

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 will keep all financial records and accounts including receipts for items bought with the grant for at least 7 years. We agree to make these 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