





Buckinghamshire Wellbeing Capacity Fund Application Questions

Application questions	Mandatory question?	Word Count
PROJECT COSTS		
What is the total amount of funding required for your project?	Y	N/a
Please say how much *in total* the project will cost, even if this is more than the amount you are applying to us for. This figure may include any contribution the organisations are making to the overall cost of the project.		
How much funding do you require from the Capacity Fund?	Y	N/a
Please enter the amount you are requesting from us, specifically for this project. If you are applying as a partnership you may wish to separate out the costs of administering the partnership and address those in the project detail section below.		
Please give details of any other funding you have already raised for this project.	Y	
Please give details of any funding raised so far, including the name of the funder and any particular programme applied to. If none, write "none".		
Please give details of any other funding you have applied for, or will be applying for, to deliver this project.	Y	
Please give details of any other funding you have, or will be applying for, for this project including the name of the funder and any particular programme applied to. If you will not be applying for any other funding, please say so here.		
Please provide a breakdown of the project budget and specifically which elements a capacity grant would fund.	Y	500
PROJECT DETAIL		
Please provide a one-sentence summary of your project.	Y	
Project start and End dates	Y	

Y	1000
•	1000
Y	750
Y	1000
N	250
Ν	250
N	250

Please explain how you will measure and report on the	Y	250
impact achieved?		
Please explain your methodology for measuring the success of		
your project across all partners and beneficiary groups.		
Safeguarding and safe working: Please tell us how your	Y	500
project will comply with both best practice safeguarding		
and with government guidelines on Covid-safe working		
practices.		
We are conscious that your project will be taking place in		
unusual circumstances. Please say here how you will ensure the		
safety of all staff, volunteers and beneficiaries. You may wish to		
refer to HSE guidance on safe work places, safeguarding		
guidance, risk assessments, use of PPE etc.		
How do you see this project/activity progressing after	Y	500
this funding comes to an end?		
This question is about the sustainability of your project in the		
long term.		
How many service users (and where appropriate their	Y	
direct household) will benefit from this funding?		
We realise that you cannot give exact figures but please		
estimate as accurately as possible. This information is important		
and will be used to evaluate the project at the end of the grant		
period. Driver and Banaficiana. Calasta simple antian to represent	V	Color
Primary Beneficiary - Select a single option to represent the primary beneficiary group for this grant	Y	Selec from list
Please pick a description which best describes the largest group		
of people you expect to benefit from your project and then		
select any other groups who you expect to benefit from the		
project (as many as apply).		
How many volunteers will benefit from this project?	Y	
Please provide your best estimate		
Primary ethnic group - Please select one group that best	Y	Selec
reflects the majority of the users of this facility or		from
service.		list
Primary issue - select a single option to represent the	Y	Selec
primary issue that will be addressed by this grant		from
		list
We understand that your project is likely to address many		
different issues, but please select the primary aim of the project,		
without which you would not consider it a success.		
Please indicate the primary age group that will benefit	Y	Selec
from this grant		from list
Please give the age group which most closely reflects the largest	1	
group of your service users. Then indicate any other age groups who will benefit.		

Which category best describes the impact your project will have?	Y	Select from list
We understand that your project may produce impact in many different areas, but please select the primary impact the project aims to achieve, without which you would not consider it a success.		
Select the primary outcome for your project or activity	N	Select from list
Note that the available choices here will be driven by the Impact option you selected previously.		
Select a second outcome for your project or activity	N	Select from list
Note that the available choices here will be driven by the Impact		
option you selected previously.		
BANKING		
Bank Account Name	Υ	
Sort Code	Υ	
Account Number	Υ	
These should be for the lead organisation, and should be the account to which you would want any grant paid.		
Financial process check box: Please tick this box to confirm that your organisation's financial controls include a clear 'segregation of duties'. If you are not sure, please contact us after submitting your application.	N	
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cease to operate.		
Accounts	Y	
A copy of the lead organisation's ACCOUNTS from the most recent financial year.		
Bank statement	Y	
A BANK STATEMENT from the lead organisation, dated no more than two months ago, which shows the organisation's name, address, sort code and account number. This should be the account you will want the grant to be paid to.		
Partnership agreement	N	
Any PARTNERSHIP or CONSORTIUM agreement or MEMORANDUM OF UNDERSTANDING that exists between the delivery partners.		
Policies	Y	
A copy of the lead organisations health and safety, equal opportunities and safeguarding POLICIES.		
Other document		
Any other relevant document that supports your application.	N	
Note: If you are unable to attach all the documents you wish to submit, these may be emailed separately to grants@heartofbucks.org.		