



**SAFER SURREY HEATH PARTNERSHIP  
GRANT APPLICATION FORM**

SHBC Office use only

Date received:

Date approved:

Funding code:

**Your contact details**

Your name:

Organisation/group:

Address including postcode:

Telephone number:

Email address:

**About you**

Please tell us about your organisation (attach a separate sheet if necessary):

Has your organisation applied for a grant from Safer Surrey Heath Partnership before?

Please strike out:

**Objective 1: Reduce fear of crime**

- a. To tackle anti-social driving, including speeding and parking issues
- b. To challenge perceptions of crime and disorder levels in the borough, and publicise the work of SSHP
- c. Encourage a shared responsibility for community safety

**Objective 2: Reduce public place disorder**

- a. Reduce alcohol-related crime (violent crime)
- b. Reduce anti-social behaviour

**Objective 3: Reduce priority crimes**

- a. Reduce arson (refuse and container sites)
- b. Reduce domestic abuse
- c. Reduce burglary

**Objective 4: Reduce substance misuse**

- a. Tackle Class A drug supply and drug-related ASB
- b. Reduce illegal alcohol supply and underage drinking
- c. Improve education and awareness of alcohol and drugs misuse

Your proposal

Your project details

Please state which SSHP objective/s your project will be helping to achieve?

Amount requested from SSHP

How much funding does your project require in total?

How will the funding be utilised? (please provide a breakdown of items)

### Conditions of funding

1. Approved funding is on a one off basis only
2. Submission of quarterly project reports to the Partnership
3. Submission of an evaluation of the project funded after 12 months to the Partnership
4. The Partnership's logo must be printed clearly on all marketing materials and publications
5. The Partnership has the right to include further conditions at the outset of approved bids
6. Your organisation will be required to seek approval for all designs for your projects from the Partnership's Communications Officer
7. You will be required to provide evidence of expenditure
8. The project must also be possible to implement within the time and budget, offer value for money, have a clear audit trail and demonstrate its impact within 12 months of receiving funding

### Your declaration

I confirm that:

- The answers on this form are, to the best of my knowledge, correct
- My group or organisation has agreed to this application (cross this out if you are applying alone)

Signed

Full name

Organisation

Date

### What to do now?

Please return the **signed hard copy** of this form to :

Jayne Boitout  
Business and Community Development Officer  
Safer Surrey Heath Partnership  
Surrey Heath Borough Council  
Surrey Heath House  
Knoll Road  
Camberley  
Surrey GU15 3HD

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