

Berinsfield Health and Wellbeing Grant Scheme

APPLICATION FORM

Any information provided in this application form will be shared with the Berinsfield Parish Council, South Oxfordshire District Council and Oxfordshire County Council. By submitting an application, you provide consent for your personal data to be processed and shared with the above partners.

We will use the information you provide here only for this activity. We will store the information securely in line with data protection laws and will not share or publish any personal details. For more information about data and privacy, please see Berinsfield Parish Council's [Privacy Policy](#).

If you have questions about data and privacy, please email our Data Protection Officer at clerk@berinsfield-pc.gov.uk or write to Data Protection Officer, Berinsfield Parish Council, Highsett, Alchester Road, Chesterton, Bicester, Oxon, OX26 1UN.

SECTION 1: TELL US ABOUT YOUR ORGANISATION

Q1. Name of your organisation	
Q2. Name of main contact	
Q3. Address of organisation	
Contact telephone	
Contact email	
Q4. Please give a brief overview of your organisation and the main activities and/ or services you currently provide in Berinsfield (up to 100 words).	
Q5. What is the status of your organisation?	
<input type="checkbox"/> Constituted community group/informal group	
<input type="checkbox"/> Faith organisation	

A Registered Charity
(please state number)

Other Not for Profit / Social Enterprise (e.g. CIC, Company Ltd by Guarantee)

Other (please state, including joint partnership bids)

Q6. Please tell us which recommendation topics best describe your project by ticking all the boxes that apply.

- Communication, coordination, and coproduction
- Community activation and cohesion
- Loneliness, identity and belonging
- Healthy food and eating
- Education, employment, and access to opportunities
- Access to services and information
- Fuel poverty
- Staying physically and mentally healthy
- The built environment and infrastructure
- Transport and active travel

SECTION 2: TELL US ABOUT YOUR PROJECT

Q7. Please tell us how this project/service/activity will help your organisation continue to enhance health and wellbeing in the Berinsfield community after funding has ended, and how it can be financially sustained after the grant funding has ended (up to 500 words).

Q8. Please tell us how you are actively working with other organisations to provide these services, activities, or project? Please share in greater detail the specifics of who and how (up to 500 words).

Q9. What is the cost of your project and how much are you applying for from this fund? Are you applying for, or have you received other funding for this project? (up to 500 words).

Please complete the Budget Spreadsheet which is available to download from the Berinsfield Health and Wellbeing Grant Scheme webpage on the Council website at www.southoxon.gov.uk.

Q10. Please tell us about your project activities, how many people you hope to support and how they will benefit (up to 500 words).

Please include:

- **how you know the project is needed**
- **how the community has been involved in the project design and how it will be involved in the project?**

Q11. Please provide details about how you will monitor and evaluate this project. (support can be provided for simple monitoring and reporting approaches).

Also, please let us know how you might continue the support after the funding has finished (up to 200 words).

N.B. We will ask you for a short update at 6 months and an end of project report (at 12 months) for monitoring purposes. We also encourage you to join a grantee network to share information about your project and connect with others supporting the community in Berinsfield.



SECTION 3: SUPPORTING INFORMATION CHECKLIST

Please complete the checklist below.

Q12. Supporting Information	Tick
Constitution / Memorandum and Articles of Association of Organisation (for VCSE organisations)	<input type="checkbox"/>
OR	
Constituted community group/informal group	<input type="checkbox"/>
A signed copy of latest audited accounts and/or 3 months recent bank statements	<input type="checkbox"/>
Please detail the insurance cover (e.g. public liability and/ or buildings and contents) that your organisation has in place that is relevant to this application.	
Please confirm that the appropriate Disclosure and Barring Service (DBS) checks been carried out on those staff/volunteers working with and/ or supporting proposed beneficiaries.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please confirm that you have the relevant policies and procedures in place, including data protection, Health and Safety, Safeguarding, Equality and Diversity and other policies as required for the project such as Lone Working etc.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please confirm that your processes are UK General Data Protection Regulations and Data Protection Act 2018 compliant.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you charge for the service/activity you provide, including the service/activity that you are requesting grant funding for?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Declaration: I confirm my consent for non-personalised information contained in this funding application, including the amount of funding given as a grant, to be shared with the members of the Berinsfield Health and Wellbeing Group.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature of Applicant:	
Date:	
Declaration (Data Protection): All the information you enter on this form will be stored and held in accordance with the Data Protection Act 2018 and UK General Data Protection Regulation and used by	

Berinsfield Parish Council, South Oxfordshire District Council and Oxfordshire County Council for the purpose of analysing, recording, and contacting grant applicants. By signing this form, you consent to personal information on this form being shared with South Oxfordshire District Council, Berinsfield Parish Council and Oxfordshire County Council.

I confirm my consent for the sharing of data in this funding application form with South Oxfordshire District Council, Berinsfield Parish Council and Oxfordshire County Council.

Yes

No

Signature of Applicant:

Date:

Declaration:

I, the undersigned, confirm that I have the authority to submit this funding application on behalf of the organisation named in Q1.

Signature of Applicant:

Date:

Please return your completed application by **Monday 11 November** to both of the following email addresses:

- **Berinsfield Parish Council** – clerk@berinsfield-pc.gov.uk
- **South Oxfordshire District Council** – Berinsfieldgv@southandvale.gov.uk