



**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: YES / NO

If yes, please state the date and project details:

**1. Fear of Crime**

- a. To make an example of bad behaviour and demonstrate that bad driving and speeding is unacceptable behaviour which will be penalised in the borough
- b. To reduce the gap between reality and perception of crime

**2. To reduce public place disorder**

- a. To reduce social disorder and criminal damage
- b. To reduce alcohol related public place violence and damage
- c. To reduce secondary fires and graffiti

**3. To reduce priority crimes**

- a. To increase domestic abuse awareness and reporting and to decrease repeat domestic abuse cases
- b. To reduce burglary ; for residents in vulnerable areas to understand how to prevent crime by reducing easy access to dwellings
- c. To reduce high value vehicle theft; for motorists in vulnerable areas to understand how to prevent the crime by reducing easy access to their vehicles

**4. To reduce substance misuse**

- a. To reduce class A drug supply
- b. To prevent harm to children, young people and families affected by drug misuse
- c. To work with Drug and Alcohol Action Team and Primary Care Trust to reduce harm associated with alcohol amongst vulnerable groups

## Your project details

Please state which SSHP objectives your project will be helping to achieve?

Please demonstrate how the above will be fulfilled?

1. Amounts requested from SSHP?

2. How much funding does your project require in total?

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

Date of expenditure (must be within 12 months' of receipt of funding:

Target audience:

Geographical area covered:

Timescale of project:

### 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 :

Jacqui Walker  
Community Safety Officer  
Safer Surrey Heath Partnership  
Surrey Heath Borough Council  
Surrey Heath House  
Knoll Road  
Camberley  
Surrey GU15 3HD

01276 707154

[Jacqui.walker@surreyheath.gov.uk](mailto:Jacqui.walker@surreyheath.gov.uk)

For more information please visit [www.safersurreyheath.info](http://www.safersurreyheath.info)