



THE IVERS

PARISH COUNCIL

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Grant Application Form

Please complete this form and attach the relevant information and send to:

The Clerk, The Ivers Parish Council, 45B High Street, Iver.
clerk@iversparishcouncil.gov.uk

Name of Organisation	south Bucks Primary Care Network
Position within organisation	PCN Manager
Address	Southmead Surgery, Blackpond Lane, Slough
Telephone	01628 666326
Email	anita.west@nhs.net
Date of application	30 August 2024
Is your organisation a registered charity or registered with HMRC as a charitable organisation?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
If yes, charity number/reference	
Title of Project for which grant is required	Simply Walks
Total Cost	1.5 hours cost of Iver Pavilions pr week - Thursday 11.00 - 12.30
Have any funds been requested from other sources?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>
If so which?	
Success/failure of application, and amount requested	
Amount of grant requested from The Ivers Parish Council	
Start Date	18th October (provisionally)

Briefly describe the project / purpose for which you require a grant.

We are starting a new Simply Walks session each Thursday a.m. in the Recreation park, High street, Iver for our patients, family members and community (The Ivers Practice)

How will the project or activities benefit the residents of The Ivers?
Please include estimates of the number of Iver residents that will receive a direct benefit from the project or activities.

Building social interaction
Reducing social isolation
Bringing the community together by walking together
Allowing carers to interact with other in a social setting
Allowing carers, patients and community to build networks and friendships

Please provide a breakdown of the costs of your project.

Refreshments - tea, coffee and juice will be provided by The Ivers Practice
Trainer will attend weekly walks and will train volunteers and practice staff as required -
No cost for the walk, just the after walk social gathering at the pavilion.

I attach a copy of our annual accounts.

Yes ☐ / No ☒

This organisation has a constitution/set of aims and objectives which can be viewed if required.

Yes ☒ / No ☐

If membership of your organisation is restricted, please provide details.

Declaration of acceptance

I declare that all information provided to the Parish Council as part of the grant application is accurate and complete to the best of my knowledge. I understand that the Council may refuse any application containing inaccurate or misleading information.

I declare that any grant made will be used solely for the purposes outlined in this application. I understand that The Ivers Parish Council reserves the right to reclaim the grant in the event of it not being used for the purpose specified.

Name:	Anita West
Signature:	A. West (electronically)
Date:	30.08.24

Please send the completed application form along with all supporting documentation to:

The Parish Clerk
The Ivers Parish Council
45B High Street
Iver
SL0 9ND

Telephone: 01753 655331

Email: clerk@iversparishcouncil.gov.uk