

## Be Active in Early Years Grant Application form

Please note that all data collected on this form will be collected and processed in line with our privacy policy which can be found at [www.healthimprovement.gg](http://www.healthimprovement.gg)

### Section A – Organisation Details

<b>Lead Applicant Full Name</b>	
<b>Position held</b>	

<b>Organisation Name</b>	
<b>Email Address</b>	

<b>Contact number:</b>	
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Are you a registered Bailiwick of Guernsey Early Years Provider?      Yes       No

Are you a registered charity?      Yes       No

<b>If 'yes' above, please provide your Charity Registration number:</b>	
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## Section B - Funding Request

1. a. Please describe what you will spend a grant on and what you want it to achieve (150 words max).

b. How many children aged birth to 18 months, registered at your setting, will benefit from the effect of the grant?

2. How does the funding fill a gap that your audit identified in your physical activity provision – what can't you do now that you will be able to do with funding (150 words max)?

3. What parts of the [physical activity guidelines for under 5s](#) will the funded activity/resources impact?

- |                       |                          |
|-----------------------|--------------------------|
| • Get Strong          | <input type="checkbox"/> |
| • Move More           | <input type="checkbox"/> |
| • Break up Inactivity | <input type="checkbox"/> |



## Section C – Your Budget

What is the total cost of your request? (£200 maximum)	£
Please provide a breakdown of your costs:	

## Section D – Declaration

**The Health Improvement Commission understands and upholds its obligations under GDPR data protection regulations. Our Privacy Policy can be found on our website ([www.healthimprovement.gg](http://www.healthimprovement.gg)). By ticking the box below you are confirming that you have read, understood and agree to the following:**

- I am authorised to make the application on behalf of the above organisation.
- The information provided in this application is correct and will be used only to process the application and according to the terms and conditions of any grant awarded.
- The details of this application will be entered onto the Health Improvement Commission’s database in order to process this application.
- If the application receives funding, the Commission may release details of the amount given and its intended purpose to the media for promotional purposes.

I agree

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please save your completed application form and email it to [alun.williams@healthimprovement.gg](mailto:alun.williams@healthimprovement.gg)

