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| **Non Fixture Related Grants Application Form** | |
| **PART A** | 10 South Colonnade, London E14 4PU Telephone: +44 (0)20 7333 0043  Email: [grants.admin@hblb.org.uk](mailto:grants.admin@hblb.org.uk) |

**For grants commencing in the twelve months after April 1st 2023**

The Application Form is in three parts. Please refer to the supplied guidance notes for information on how to complete this form.

You will be required to complete two separate Adobe forms to build your grant application; the first form (Part A) is for the collection of summary information, and the second (Part B) must be completed for **each distinct strand of work activity** for which funding is being sought. You must also complete the Excel Budget template (Part C) showing the expenditure breakdown for the project and the proposed grant funding draw down schedule.

All completed forms and attachments must be submitted to [grants.admin@hblb.org.uk](mailto:grants.admin@hblb.org.uk) by no later than 5pm on the closing date for applications as published on the HBLB website. **Please remember** that we are encouraging all applicants to submit their applications as soon as possible, so that HBLB staff can work with you on any areas of concern to enable you to resubmit if necessary before the final deadline.

If you have any queries on completing this form, please contact the HBLB Grants Team at [grants.admin@hblb.org.uk](mailto:grants.admin@hblb.org.uk) .

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| **Section A.1 – Applicant Details** | | |
| Title |  | optional |
| First Name |  |  |
| Last Name |  |  |
| Job Title |  |  |
| Work Telephone No |  |  |
| Mobile Telephone No |  | optional |
| Email Address |  |  |

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| **Section A.2 – Business Profile** | | | | | | |
| Organisation Name | |  | | | If applicable | |
| Organisation Address line 1 | |  | | |  | |
| Organisation Address line 2 | |  | | |  | |
| Organisation Address line 3 | |  | | |  | |
| Organisation Address Post Code | |  | | |  | |
| Number of employees | |  | | |  | |
| Years in operation | |  | | |  | |
| Governance Structure | |  | | | Please describe the governance structure within your organisation including details of  Board/Committees/Senior Leadership Team | |
| Financial History | | Yes or No? |  | | Are you able to provide accounts for  the past 3 financial years if requested? | |
| **Section A.3 – Racing Outcomes**  Please indicate the extent of impact which this funding will have on the following measures using the following descriptors: | | | | | | |
| * **High** | Major contribution to the Racing Outcome leading to high impact | | | | |  |
| * **Medium** | Considerable contribution to the Racing Outcomes leading to some measurable impact | | | | | |
| * **Low** | Minor contribution to the Racing Outcome but with little impact | | | | |  |
| * **Zero** | The project/activity makes no contribution to the Racing Outcome | | | | |  |
| Please indicate the approximate percentage of the total expenditure budget allocated to activities which will impact on each of the Racing Outcomes. | | | | | | |
| **RACING OUTCOME** | | | | **IMPACT** | | **PERCENTAGE OF TOTAL BUDGET** |
| Generate interest in Racing by an increase in: | | | | | | |
| Horserace betting turnover from UK regulated bookmakers | | | |  | |  |
| Crowd numbers at racecourses & TV viewing numbers | | | |  | |  |
| Number of owners | | | |  | |  |
| Number of horses in training | | | |  | |  |
|  | | | | | | |
| Sustain valued employment in Racing by an increases in: | | | | | | |
| Number of British-bred foals | | | |  | |  |
| Number of vacancies filled in Racing’s key roles | | | |  | |  |
| Racing’s diversity and inclusion | | | |  | |  |
| People wellbeing | | | |  | |  |

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| **RACING OUTCOME** | | **IMPACT** | **PERCENTAGE OF**  **TOTAL BUDGET** |
| Drive high quality care and support for the horse in Racing by an increase in: | | | |
| Horse welfare perception rating | |  |  |
| Impact of investment in research | |  |  |
|  | | | |
| Continually enhance the reputation of Racing by an increase in: | | | |
| Racing’s integrity perception rating | |  |  |
| Racing’s contribution to reduced negative environmental  impacts | |  |  |
| Racing’s favourability perception rating | |  |  |
| **Section A.4 – Previous/Other Funding** | | | |
| Has HBLB funding been previously applied for within the  last 3 years | Yes or No? |  | |
| If yes was this for the same project or a different project. If a different project, please provide  brief details |  | | |
| Was previous application  successful | Yes or No? |  | |
| If yes, please provide details of amount and date received |  | | |
| Is funding for this project/activity being sought from anywhere  other than HBLB | Yes or No? |  | |
| If yes, please provide details of potential funder, amount requested and when you will know if application has been  successful |  | | |

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| **Section A.5 – Details of project/activities to be funded** | | | | |
| Name of initiative | |  | | |
| Overall Project Summary (Maximum of 500 words) | |  | | |
| Why is the project needed | |  | | |
| Project Start Date  (MM/YYYY) | |  | | |
| Project End Date  (MM/YYYY) | |  | | |
|  | | **Please complete a Part B form for each distinct strand/activity within**  **the project.** | | |
| **Section A.6 – Project Management** | | | | |
| Please give details of the individual(s) responsible for the delivery of the proposed activities. Please include details of any partner organisations | | |  | |
| **Section A.7 – Project Risks** | | | | |
| Please list below the main risks (up to 10) to the project and the mitigations/measures taken to control  them. | | | | |
| Risk 1 |  | | Mitigation |  |
| Risk 2 |  | | Mitigation |  |
| Risk 3 |  | | Mitigation |  |
| Risk 4 |  | | Mitigation |  |
| Risk 5 |  | | Mitigation |  |
| Risk 6 |  | | Mitigation |  |
| Risk 7 |  | | Mitigation |  |
| Risk 8 |  | | Mitigation |  |
| Risk 9 |  | | Mitigation |  |
| Risk 10 |  | | Mitigation |  |

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| **Section A.8 – Financial Management** | | | |
| Please provide details of the individual(s) responsible for the financial management of the  project | |  | |
| Please provide details of the processes and policies in place (or that will be put in place) for the financial management of the project and the grant  funding from HBLB | |  | |
| **Section A.9 – Financial Information** | | | |
| Total cost of project |  | | |
| Total grant amount requested from HBLB |  | | |
| Shortfall (if any) |  | | |
| How will shortfall will be funded |  | | |
| Details of shortfall funding already secured  (organisation and amount) |  | | |
| Details of shortfall funding requested (organisation, amount and date of funding  decision) |  | | |
| **I have completed and attached the Budget Template (Part C**): Yes or No:? | | |  |
| **Section A.10 - Sustainability** | | | |
| Describe how the project will be sustained after the grant funding has ended. | | | |
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| **Section A.11 - Evaluation** | | | |
| Please provide below details of how the project will be evaluated on completion or at end of grant term, whichever is the earliest. Evaluations must include the impact of the project, the value for money in the use  of public funds, success against expected outcomes, and milestones. | | | |
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| Who will carry out the evaluation |  | | |

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| **Section A.12 – Reference and Declaration**  Please provide details of two referees that HBLB may approach in relation to this application: | |
| **Referee 1:** |  |
| Contact Name |  |
| Contact Job Title |  |
| Contact Email |  |
| Organisation Name |  |
| **Referee 2:** |  |
| Contact Name |  |
| Contact Job Title |  |
| Contact Email |  |
| Organisation Name |  |
| **Declaration**  The information contained in this application is correct at the time of submission. I have read and understood the guidance and terms & conditions of the non-fixture related grants and confirm that I am authorised to make this application. | |
| Name |  |
|  |  |
| Date |  |
| Signature |  |