

# Hounslow Tobacco Small Grant Application Form

We are inviting local VCSE organisations to apply for funding to run activities to encourage Hounslow residents to quit smoking and gather insights on barriers to accessing support in priority groups.

The Tobacco Small Grant is designed to increase the support available locally to help more people to stop smoking. We are looking for organisations who can deliver small scale, impactful projects which draw on the knowledge, skills, and ability of local people.

Before you complete this application please read the **Tobacco Small Grant Guidance** document. If you have any queries or want to discuss your application, please email: [publichealth@hounslow.gov.uk](mailto:publichealth@hounslow.gov.uk)

Please complete this form in full (sections 1-7) to tell us about your project. Applications will be assessed after the deadline, and you can expect a result within two weeks. **You can apply for this grant up until 5pm on Friday 12<sup>th</sup> June 2026.**

## Key dates

Date	Activity
Monday 11 <sup>th</sup> May 2026	Invitation to apply for a Tobacco Small Grant
Tuesday 2 <sup>nd</sup> June 2026 10am-11am	Webinar and Q&A on the Tobacco Small Grant scheme
5pm on Friday 12 <sup>th</sup> June 2026	Deadline for Tobacco Small Grant application
Monday 29 <sup>th</sup> June 2026	Notification of Tobacco Small Grant outcome

## Application Form

### Section 1: About you

1. Your name		
2. Address		
	Postcode:	
3. Name of organisation		
4. Contact email		
5. Contact telephone number		

### Section 2: Your proposal

1. Project name

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<b>2. Project purpose</b> (20 word limit)		
<b>3. Start date</b>		<i>Tell us when this project is due to start.</i>
<b>4. End date</b>		<i>Tell us when this project is due to end – it must be finished by 28<sup>th</sup> February 2027.</i>

Please answer the questions below telling us more about your project.

**1. A) Which priority group/s or Equality Opportunity Area will you be working with in Hounslow? Roughly how many people will you be able to reach?**

**Word limit: 200**

**1. B) Where do most of the people you are targeting live? (You can tick more than one box)**

Area			
<input type="checkbox"/>	Bedfont	<input type="checkbox"/>	Heston
<input type="checkbox"/>	Feltham	<input type="checkbox"/>	Brentford
<input type="checkbox"/>	Hanworth	<input type="checkbox"/>	Isleworth
<input type="checkbox"/>	Cranford	<input type="checkbox"/>	Syon
<input type="checkbox"/>	Specific estates:		
	Other, please state:		

**2. How will you engage with the people and/or communities that you specified in Q1 above? Please outline what activities you will carry out.**

**Word limit: 200**

3. How will you ensure you have the adequate resources to deliver the activities that you propose in Q2 above?

\*Please consider all the resources you may need to deliver the activities including equipment, reimbursement for staff time, volunteer expenses, incentives for participants, venue hire, reporting on the project, etc.

Word limit: 200

### Section 3: What difference will the funding make?

Please provide details of at least one measurable output relevant to your project that you expect to deliver as a result of this funding.

*Max. 30 words per measure.*

	<b>Measurable Output</b>	<b>Timescale for delivery</b>
<b>E.g.</b>	12 x 1.5-hour peer support sessions were held for 5-10 people.	September to December 2026
	2 x 2-hour focus sessions were held with 15 people.	October to November 2026

	20 people referred to the Healthy Hounslow Stop Smoking Service.	August to December 2026
1		
2		
3		

Please add extra rows as needed.

Please provide at least 1 measurable outcome relevant to your project that you expect to deliver as a result of this funding.

Max. 30 words per measure.

	<b>Measurable Outcome</b>	<b>Timescale for delivery</b>
<b>E.g.</b>	At least 6 unemployed people are supported to quit smoking in a small group setting.	August to September
	At least 7 new mums are supported to quit smoking through a weekly coffee morning.	September to December
	Increased knowledge of barriers to quitting smoking within the Polish community	October 2026
1		
2		
3		

Please add extra rows as needed.

## Section 4: Funding breakdown

### 1. Tell us how much your project costs and how much you are applying for.

Item / Activity	Total Cost	Total requested from the London Borough of Hounslow	Source of additional funding (if any)
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	
	£	£	

<b>Total Project Cost</b>	£
<b>Total requested from the London Borough of Hounslow</b>	£

## Section 5: Grant management & governance information

### 1. Organisational information

<b>Company registration number</b> (if applicable)		
<b>Charity registration number</b> (if applicable)		
<b>Web address</b>		
<b>Type of organisation</b>	<input type="checkbox"/> Registered charity <input type="checkbox"/> Not-for-profit company <input type="checkbox"/> Constituted voluntary or community group <input type="checkbox"/> Charitable Incorporated Organisation (CIO) <input type="checkbox"/> Incorporated club or association	<input type="checkbox"/> Company limited by guarantee <input type="checkbox"/> Community Interest Company <input type="checkbox"/> Constituted but unincorporated club or association <input type="checkbox"/> Faith based group <input type="checkbox"/> Community Amateur Sports Club <input type="checkbox"/> Other, please state:

### 2. Organisations should be able to answer yes to all statements below.

	Yes	No
Our organisation has an adopted governing document (e.g. a constitution).	<input type="checkbox"/>	<input type="checkbox"/>
Our organisation has a Management Committee or Board of Trustees with at least three unrelated members, and which meets regularly (at least three times each year).	<input type="checkbox"/>	<input type="checkbox"/>
Our organisation has a UK based bank account in the name of our organisation as shown on our governing document with cheques, internet banking and other withdrawals for our organisation are signed or authorised by at least two people who are not related to each other and/or do not live at the same address.	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6: Proposal Checklist

✓	Item	
<input type="checkbox"/>	Fully completed proposal	Any incomplete proposals will be returned
<input type="checkbox"/>	Copy of governing document included	All organisations should include

## Section 7: Declaration

### Declaration

Please tick below to confirm that by submitting this proposal:

I certify that the information in this document, and on any supplementary information provided, is accurate and true.

Name		Position	
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Now please return your proposal to: [publichealth@hounslow.gov.uk](mailto:publichealth@hounslow.gov.uk)