East Suffolk Council Covid-19 Community Fund - Application



1. Applicant details

Name of Group:	
Contact Name:	
Contact email address:	
Phone number:	
Website/Facebook page:	

1a. What type of group / organisation are you, please use the tick boxes below:

- □ Community or voluntary group
- □ Registered Charity
- □ Community Interest Organisation (CIO)
- □ Local Branch of a National Organisation
- $\hfill\square$ Charitable Company Limited by Guarantee

2. Project details:

- CIC / Social Enterprise
- □ School
- □ Village Hall/Recreation Ground C'tee
- □ Town or Parish Council
- Other

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3. Project costs:

Total project costs:	£
How much funding are you requesting:	£

Declaration

I am authorised and eligible to sign and approve this application on behalf of the organisation and declare the information included in this application is true and accurate.

By signing below, the information you have supplied is being collected to allow us to process your application. By completing this form, you consent to East Suffolk using your information in this way. I understand that in the assessment of this application the Council may share information contained within it, with other core funders for funding programmes we have applied too, relevant Council directorates and committees.

If you do not provide your consent, we will not be able to process this application. Your information will not be used for any other purpose unless we obtain your consent. Your information will be retained for 4 years. You can request that your information is deleted at any time.

Data will be processed and held securely and in accordance with the General Data Protection Regulation (and any updates).

Further information about data protection can be found on the East Suffolk Website <u>http://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Communities-Privacy-Notice.pdf</u>

To comply with General Data Protection Regulation 2018 and Data Protection Act 2018, I confirm that I have given my consent for my personal data to be used in accordance with the privacy notice above.

Signature:

Date:

Enter your name only if you agree to be bound by the terms set out in this form. We will treat this as your signature of the form.

Please submit this application to grants@eastsuffolk.gov.uk