Carlton Colville, Kessingland, Southwold

& Villages Community Partnership

Small Grant Application (Jan-Feb 2022)

Deadline for submitting applications February 7, 2022

Please ensure you answer all the questions highlighted in ORANGE before submitting, thank you!

Where possible, please return this as a 'Word copy', not as a pdf. Thank you!

Project or Service Name:	
Name of Organisation:	
Parish/area(s) within the Community Partnership that the project covers:	*Please check the Communities Map on the web-site to ensure you are applying to the right CP and then state below the parish/areas your project covers:*

1. Contact details for Person making the application:	
Name & Position:	
Email Address:	
Phone No.:	
Address of Organisation for Correspondence, inc. Post Code:	

2. Group Status:	
☐ Community or voluntary group	☐ CIC / Social Enterprise
☐ Registered Charity	☐ School
☐ Community Interest Organisation (CIO)	☐ Village Hall/Recreation Ground Comm.
☐ Local Branch of a National Organisation	☐ Town or Parish Council
☐ Charitable Company Limited by Guarantee	☐ Other - please state:

If registered charity, please state number:	
If registered as a company e.g. Community Interest Company or Limited By Guarantee, please state number:	

3. Supporting Documents:

Does your organisation have the relevant policies and procedures in place?

Please click in those boxes (it turns to a 'x') those which are applicable to your organisation/this project and attach copies (or give web-links) with your application submission:

Constitution / set of rules	Yes ☐	No ☐	Not applicable ☐
Child Protection Policy	Yes ☐	No ☐	Not applicable ☐
Adults at Risk of Harm Policy	Yes ☐	No ☐	Not applicable ☐
Health & Safety Policy	Yes ☐	No ☐	Not applicable ☐
Equal Opportunities Policy	Yes ☐	No ☐	Not applicable ☐

If any are 'not applicable' please explain below why, as with most organisations we would expect the above to all be in place or at least be 'work in progress'. Thank you:

4. Community Partnership Priorities:

How does your project or activity address the following priorities and how (up to 200 words):

   1. Social Isolation

   2. Youth

5. Identification of Need:

How was the need for the activity/project identified (up to 200 words):
- **Please specify if your project idea is a result of a Parish/Neighbourhood Plan, a Market Town health check, a questionnaire or another means of consultation/engagement, etc.**
- **You can also show need through anecdotal evidence such as ticket sales/reviews or events.**

6. When will your project start and finish:

Start Date (MM/YY)		Finish Date (MM/YY)	

7. Project description: Please provide FURTHER details to those already stated for 'priorities' (no need to duplicate), detailing planned project/activity (up to 200 words):

We need to know the following:
What you intend to do -- How you intend to do it -- How it demonstrates value for money

8. What other stakeholders (if any) will be involved and how, e.g. giving Time / Money / Facilities, etc.

9. Costs / Funding:

Please provide a breakdown of all the costs of the Project/Service (add extra rows if necessary) and the TOTAL cost:	

Item	Costs
	£
	£
	£
	£
	£
Total Project / Service Cost:	**£**

How much are you requesting from the CP? ***The amount applied for should be in line with that stated on the web-site and within the Guidance Criteria***	£
Please confirm any match-funding (if applicable) and show clearly how that is taken into account within the overall total project / activity cost:	£
If there is a funding shortfall, please state how much and explain how or where from that funding will be obtained and when:	£

Please summarise the project / activity funding, ie total cost, funds already secured, grant applied for, any match-funding, any shortfall

Item	Costs
Own Funds	£
Match-Funding Secured (if any)	£
CP Grant you are applying for	£
Any Shortfall	£
Total Project / Service Cost	**£**

Has funding already been requested (or is it in the process of being	

requested) from another grant source offered/administered by East Suffolk Council? If so, please give details or state N/A:	
What will happen after any grant funding received has been spent, eg please detail the project/service sustainability moving forwards and planned next steps:	

10.Outcomes:

What are the anticipated outcomes:
*Outcomes are the specific changes that you want to result from the project. They need to be SMART – **Specific, Measurable, Achievable, Realistic and Timebound. For example:***
"By the end of December 2021 we will have helped to improve the mental health and wellbeing of 50 participants in the WellMind programme (measured using the WEMWBS)".

11.Monitoring & Evaluation:

How will you monitor and evaluate progress towards these outcomes? *Eg What information do you need to record as the project develops to track progress and take action on, if necessary? Please note we will send you a monitoring sheet to complete during and at project/service end.*

12.Publicity:

How will you promote and publicise the project? We require you to acknowledge the Community Partnership funding provided by East Suffolk Council in any relevant publicity

13.Applicant Declaration and Data Protection:

The information you have supplied is being collected to allow us to process your application for the East Suffolk Community Partnership Small Grants Scheme. By completing this form, you consent to East Suffolk using your information in this way. 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 or unless permitted by law. Due to corporate retention requirements for financial information, your information will be retained for 7 years. Data will be processed and held securely and in accordance with the UK GDPR. Further information about data protection and the full Communities Team privacy notice can be found on the East Suffolk Website:

https://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Communities-Privacy-Notice.pdf

Please ensure you have answered all questions above highlighted in ORANGE before signing.

A typed, full name will suffice as we will treat this as your signature of the form. Enter your name only if you agree to be bound by the terms set out in this form.

Name of Application Lead:
Signature: **Date:**

Policies & Procedures: Please ensure you have attached copies or provided a weblink to online copies. Funding cannot be awarded without evidence of these. Click in this box to confirm you have: ☐

Please email this Grant application to grants@eastsuffolk.gov.uk

Hard copies can be submitted and returned to:

Funding Team, East Suffolk House, Station Road, Melton, Woodbridge, IP12 1RT.