

# Enabling Communities Budget Application Form

To be completed by the applicant and Councillor(s)



***Please read the associated guidance documents carefully and answer each question as fully as possible.***

## 1. WARD COUNCILLOR

Name:

Electoral Ward:

## 2. NAME OF THE APPLICANT ORGANISATION:

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

- |  |   |
|--|---|
| <input type="checkbox"/> Community or voluntary group            | <input type="checkbox"/> CIC / Social Enterprise              |
| <input type="checkbox"/> Registered Charity                      | <input type="checkbox"/> School                               |
| <input type="checkbox"/> Community Interest Organisation (CIO)   | <input type="checkbox"/> Village Hall/Recreation Ground C'tee |
| <input type="checkbox"/> Local Branch of a National Organisation | <input type="checkbox"/> Town or Parish Council               |
| <input type="checkbox"/> Charitable Company Limited by Guarantee | <input type="checkbox"/> Other                                |

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

## 3. Details of the main contact at the organisation:

Name and position held in organisation	
Address for correspondence:	
Postcode	
Website Address:	
Telephone No:	Email address:

## QUESTIONS ABOUT THE PROJECT

### 4. Project name

### 5. Total cost of the project (£):

**6. Are you awaiting confirmation of funding from other sources for this project?**

Yes  No  Not applicable

*If, Yes, please detail below the name of funder(s) and amount:*

<b>Name of funder</b>	<b>Amount</b>

**7. Please can you confirm that this project/activity has not already started/been paid for (we cannot fund items/services/activity that have already been purchased and paid for).**

Yes

**8. Please confirm that you agree to not purchase items/services or start the project until the grant offer has been issued.**

Yes

**9. Have you attached any supplementary information?**

Yes  No

**10. Have you previously received ECB or other grant funding from Suffolk Coastal or Waveney District Councils?**

Yes  No

*If, Yes, please detail below the amount and what the funding was for:*

<b>Amount</b>	<b>Description</b>

**11. In the box below, outline the project that you are seeking funding for.**

***Please describe the project in no more than 500 words.***

	<p><b><i>We need to know the following:</i></b></p> <ul style="list-style-type: none"><li>• <i>What you intend to do</i></li><li>• <i>How you intend to do it</i></li><li>• <i>How the project meets one or more of East Suffolk's Business Plan priority areas (see Guidance Notes for further information)</i></li><li>• <i>How the need for the project/activity was identified</i></li><li>• <i>When the project is</i></li></ul>
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	<p><i>expected to start</i></p> <ul style="list-style-type: none"> <li>• <i>When the project is expected to finish</i></li> <li>• <i>How many people will benefit from the project – and who these people are</i></li> <li>• <i>A breakdown of how you will spend the grant/what items or equipment will be purchased</i></li> </ul>
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**SUPPORTING DOCUMENTS:**

Does your organisation have the relevant policies and procedures in place? Please tick those which are applicable to your organisation/this project:

- |                             |                              |                             |   |
|-----------------------------|------------------------------|-----------------------------|---|
| Constitution / set of rules | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |
| Child Protection Policy     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Vulnerable Adults Policy    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Health & Safety Policy      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Equal Opportunities Policy  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |   |

Which of the following insurance cover does the organisation hold? *Please tick the appropriate boxes. It is recommended that Public Liability insurance cover is a minimum of £5 million*

- |                        |                              |                             |   |
|------------------------|------------------------------|-----------------------------|---|
| Public Liability       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Employers Liability    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Professional Indemnity | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |
| Other (please specify) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not applicable <input type="checkbox"/> |

**DECLARATION:**

<b>Part A: For completion by the Ward Councillor</b>	
<b>Amount to be allocated from my Enabling Communities Budget: £</b>	
<p><b>Declaration:</b> I agree to payment being made to the above organisation and confirm that this application meets the Enabling Community Budget Scheme guidelines. I wish it to be submitted for approval by the Funding Manager.</p> <p>a) I confirm that I do not have any Local Non-Pecuniary Interest or Disclosable Pecuniary Interest <input type="checkbox"/></p> <p>b) I confirm that I have spoken with relevant Councillors (where applicable) to discuss pooling funding <input type="checkbox"/></p> <p>c) I confirm that I have fully applied the scheme guidance <input type="checkbox"/></p> <p><b>Name:</b> _____ <b>Date:</b> _____</p>	
Details of declaration of any Local Non-Pecuniary interest (if applicable):	

Members with a Disclosable Pecuniary Interest in an application are precluded from supporting the application.

## Part B: For completion by Organisation

**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 <http://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Communities-Privacy-Notice.pdf>

***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 (please tick the box to confirm acknowledgement)***

**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.*

Councillors need to submit an electronic version of this form to [grants@eastsuffolk.gov.uk](mailto:grants@eastsuffolk.gov.uk) from their East Suffolk email address. If a hard copy is submitted, please sign the 'Declaration' and return to: Funding Team, East Suffolk House, Station Road, Melton, Woodbridge, IP12 1RT

## Only to be completed if the project is a joint project funded by more than one Councillor\*\*

Amount of funding to be allocated from my Enabling Communities Budget (£):

**Declaration:** I agree for payment being made to the above organisation (section b) on the condition that this application meets the Enabling Community Budget Scheme guidelines and operating principles and is approved by Funding Manager.

I confirm that I do not have any disclosable pecuniary or personal interest:

**Name:**

**Date:**

Details of declaration of interest if applicable:

***\*\*Please copy the above box if there is more than one Councillor contributing towards the project.***