**Enabling Community Budget (ECB) – Application Form  
*To be completed by the applicant and Councillor(s)***

***Please ensure that all boxes and declarations are completed, failure to do this could delay the processing of this application.***

1. **Organisation Details – *to be completed by the applicant***

|  |  |
| --- | --- |
| **Name of organisation/group** |  |
| **Name and position held at organisation:** |  |
| **Address for correspondence: *(please include the postcode)*** |  |
| **If you are a registered charity, please state your number** |  |
| **If registered as a company e.g. Community Interest Company or Limited By Guarantee, please state number:** |  |
| **Email:** |  |
| **Tel. No.** |  |
| **Website** |  |

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

Community or voluntary group CIC / Social Enterprise

Registered Charity Village Hall/Recreation Ground Committee

Community Interest Organisation (CIO) Charitable Company Limited by Guarantee

Local Branch of a National Organisation Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/Parish Council

**1b. 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  No

Child Protection Policy Yes  No  Not applicable

Adults at risk of Harm Yes  No  Not applicable

Health & Safety Policy Yes  No  Not applicable

Equal Opportunities Policy Yes  No    
DBS Policy/Process Yes  No

**If you do not have any policies in place, we do recommend that you engage with Community Action Suffolk who will be able to advise you on the most appropriate governance/policies for your organisation.**

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  No  Not applicable

Employers Liability Yes  No  Not applicable

Professional Indemnity Yes  No  Not applicable

Other (please specify) Yes  No  Not applicable

1. **Project Details – *to be completed by the applicant***

|  |  |
| --- | --- |
| **Project name** |  |
| **Project description (no more than 500 words)**  **Please include:**   * *What you intend to do* * *How you intend to do it* * *How the need for the project/activity was identified* * *How many people will benefit from the project and who these people are* |  |
| **Strategic Plan Priorities**   * *Which Strategic Plan Priority does your project meet* | Please tick below which priority(s) and theme your project meets;  **Environmental Impact:**  Continued commitment to net zero by 2030  Supporting sustainable transport  Restoring ecosystems and biodiversity  Work in partnership to manage coastal adaptation and resilience  Focus on reduction, re-use and recycling of materials  Encourage food self-sufficiency.  **Sustainable Housing:**  Deliver the right housing based on our communities need  Tackle fuel poverty and support new heating technologies  Add to, improve and make better use of our housing stock  Promote housing developments which enhance wellbeing  and protect the environment  Reduce and prevent homelessness  Promote community pride in homes and neighbourhoods  Encourage more self build in East Suffolk.  **Tackling inequalities:**  Use local data to design and deliver services  Work with partners to better understand need  Priorities early help to support residents  Digitally enable our communities to help residents in need  Efficiently deliver benefits and grants to residents  Further develop our Community Partnership model  Reduce health inequality and improve wellbeing  Take action to improve community safety and reduce ASB.  **Thriving our Economy:**  Empower residents to build the right career skills  Encourage creativity and enterprise, and support start-ups  Support businesses to eliminate waste and recycle more  Ensure local plans work for local people  Encourage Investment in East Suffolk key sectors  Increase the economic viability of our towns  Community wealth building by working with local  companies  Ensure our residents can benefit from national  infrastructure projects  Support responsible tourism and visitor economy. |
| **Please explain how your project meets the Strategic priority and theme:** [www.eastsuffolk.gov.uk/yourcouncil/how-your-council-works/east-suffolk-strategic-plan/](http://www.eastsuffolk.gov.uk/yourcouncil/how-your-council-works/east-suffolk-strategic-plan/) |  |
| **Project start date** |  |
| **Project end date** |  |

1. **Project Costs / Budgets**

|  |  |
| --- | --- |
| **How much ECB funding are you applying for** | £ |
| **Total project costs** | £ |
| **Project costs breakdown – please provide a breakdown of the project costs** | |  |  | | --- | --- | | **Description** | **£** | |  |  | |  |  | |  |  | |  |  | |
| **Are you waiting for confirmation from other sources for funding for this project?** | Yes  No  *If Yes, who from and how much:* |
| **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 before a Grant Acceptance has been issued*).**  ***Please note, if the above does occur, this would make your application ineligible and we may claw back the grant*.** | Yes  I confirm activity/project has not already started  No  *If you have selected no, please can you provide further details below about which stage the project/activity is and why this application is still relevant:* |
| **Have you previously received ECB or other grant funding from us?** | Please provide details of how much and what for:   |  |  | | --- | --- | | **Description** | **£** | |  |  | |  |  | |  |  | |

1. **Councillor Declaration *– to be completed by the lead Councillor***

|  |  |
| --- | --- |
| **Councillor name** |  |
| **Ward area** |  |
| **Amount to be allocated from my budget:** | **£** |
| **Have you any Local Non-Pecuniary Interest or Disclosable Pecuniary Interest:**  ***NB; this is checked against the*** [***Register Of Interest List (cmis.uk.com)***](https://roi.cmis.uk.com/QuestionSets/ROIListByGroup/1) | Yes  No  If yes, please detail the interest below: |
| **I confirm that I have spoken with relevant Councillors (where applicable) to discuss pooling funding:** | Yes  No  N/A |
| **I agree to payment being made to the above organisation and confirm that this application meets the Enabling Community Budget Scheme guidance. I wish it to be submitted for approval by the Funding Manager.** | Yes  No |
| **Signature;**  ***If printed, we will treat this as your signature on the form*** |  |
| **Date** |  |

**4b. If this is a joint ECB application, additional Councillor(s) will need to complete the following declaration box (*please copy the following box for however number of Councillors are contributing towards the project*). *Please note that a covering email is required along with this additional declaration section, please send to*** [***grants@eastsuffolk.gov.uk***](mailto:grants@eastsuffolk.gov.uk)

|  |  |
| --- | --- |
| **Councillor name** |  |
| **Amount to be allocated from my budget:** | **£** |
| **Have you any Local Non-Pecuniary Interest or Disclosable Pecuniary Interest:**  ***NB; this is checked against the*** [***Register Of Interest List (cmis.uk.com)***](https://roi.cmis.uk.com/QuestionSets/ROIListByGroup/1) | Yes  No  If yes, please can you detail the interest below: |
| **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.** | Yes  No  If no, can you explain below why: |
| **Signature;**  ***If printed, we will treat this as your signature on the form*** |  |
| **Date** |  |

1. **Applicant Declaration & Data Protection – *to be completed by the applicant***

The information you have supplied is being collected in order for East Suffolk Council to process your application for the Enabling Communities Budget grant scheme in accordance with the grant scheme guidance. If you do not provide your consent, East Suffolk Council will not be able to process your application.

Your Information will not be used for any other purpose unless East Suffolk Council obtains your consent or unless permitted by law.

Due to corporate retention requirements for financial information relating to this scheme, information relating to this application will be retained for 7 years. You can request that your information is deleted at any time.

Data will be processed and held securely and in accordance with the UK General Data Protection Regulations and the Data Protection Act 2018 (and any updates).

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>

I confirm that:

* I have the authority to represent the organisation making this grant application.
* All information provided in this application form is correct and complete to the best of my knowledge.
* I confirm I am not withholding any information that would be likely to affect the outcome of the application.
* I shall inform East Suffolk Council if, prior to any grant funding being awarded, I become aware of any further information which might reasonably be considered as relevant in deciding whether to fund the grant application.
* I have informed all individuals whose personal data has been included in this application or supporting paperwork that their information has been collected and shared, and I have advised them of the relevant East Suffolk Council Privacy Notices.
* I understand that without prior reference to me the information given in this application may be submitted for checking against records held by East Suffolk Council or other organisations (such as government departments, other agencies, local authorities and the police) for the purposes of assessing my eligibility for grant funding or for the purposes of the prevention and detection of crime.
* I understand that where checks against other departments or organisations are made and discrepancies are identified, the Council may provide details of this application to those departments and organisations, and this may result in changes being made to those external records.
* I understand that data recorded by or on behalf of East Suffolk Council is subject to the Freedom of Information Act 2000, including information provided in relation to grant applications.

|  |  |
| --- | --- |
| **Signature;**  ***If printed, we will treat this as your signature on the form*** |  |
| **Date:** |  |

1. **Submission of application – *this needs to be submitted by the Councillor.***

The lead Councillor will 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

*Applications submitted direct by the applicant will not be processed and must be submitted by the lead Councillor.*