**Food resilience grant fund**

1. **Community Action Suffolk engagement**

Before completing, have you discussed this project with a Community Action Suffolk Food Officer?

**If yes, please provide officer’s name:**

***If no, we do require that you engage with the Community Action Suffolk Food Officer before completing this application****.* ***Please email either:***[*louise.biddiscombe@communityactionsuffolk.org.uk*](mailto:louise.biddiscombe@communityactionsuffolk.org.uk)

[*chris.roberts@communityactionsuffolk.org.uk*](mailto:chris.roberts@communityactionsuffolk.org.uk)

1. **Organisation Details**

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

**2a. 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

**2b. 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

Covid Risk AssessmentYes  No  Not applicable

***Evidence of all Policies listed above will be required with your application (this can be a weblink)***

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**

|  |  |
| --- | --- |
| **Project name:** |  |
| **Project start date:** |  |
| **Project end date:** |  |
| **Location of Project (if not the same address as above):** |  |
| **Full project description (this page can be duplicated if required.) (Word limit of 500)**  **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*** |  |
| **Which priority/principle does this project meet and how? (Word limit of 300)**   * **becoming more self-sufficient, sustainable and resilient for the future** * **streamlining processes and ways of working to become more efficient** * **further supporting clients out of hardship into food independence** * **improving skills and knowledge in the community to help people support themselves** * **creating local solutions to improve food supply and logistics** * **increasing opportunities to offer a broader range of local, nutritious and culturally and dietary appropriate food** |  |
| **Outcomes & Beneficiaries**  **Please state what the anticipated outcomes of the project are and who they are targeted at (beneficiaries).**  *Please note: Outcomes are the specific* ***changes or impact*** *that you want to result from the programme or project.* |  |

1. **Project Costs / Budgets**

***Please note that we can fund up to a maximum of £10,000***

|  |  |
| --- | --- |
| **How much funding are you applying for from this scheme?** | **£** |
| **Total Project Costs** | **£** |

|  |  |  |
| --- | --- | --- |
| **Description/Element** | **Details of costs** | **£** |
| ***Example***  ***Venue hire*** | ***For 8 months @ £75 per month*** | ***£600.00*** |
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| --- | --- |
| **How much match funding is in place?** | **£** |
| **If match is not in place, how are you going to meet any shortfall of funding?**  **i.e. are you applying through another grant scheme, if so, how much for and when will you know if you have been successful or not?** |  |
| **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*).** | 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:* |
| **If successful, how will this project be sustained after funding?** |  |

1. **Communication & Engagement**

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| --- | --- |
| **How and when will the project/activity be promoted?**  ***Please note that if your application is successful all publicity materials must include the East Suffolk Council and Sufolk County Council logos*** |  |

1. **Submission Checklist - Before you submit this application, please ensure you have checked the following:**

|  |  |
| --- | --- |
| **Description** | **Y/N** |
| Have you contacted Community Action Suffolk before completing this application |  |
| Have you read the guidance before submitting? |  |
| Have you got in place, ready to submit with application, policy and governance documents? |  |
| Have you costed your project for just for 12 months (even if the overall project is longer)? |  |
| Have you made sure your project costs are eligible and can be funded (please see guidance document) |  |
| Have you ensured that you application fits with the priorities of this fund? |  |
| Have you clearly demonstrated the need and demand for the project? |  |

1. **Privacy Statement and Declarations**

The personal data you have supplied is being collected in order for East Suffolk Council to process your grant application for the Feed Resilience grant scheme, in accordance with the guidance provided.

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 6 years plus the current year.

**Where you have supplied any personal data relating to other individuals, you confirm that you have made the individuals aware and provided them with a copy of the below privacy notice.**

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 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:**  ***Enter your name in the box only if you agree to be bound by the terms set out in this form. We will treat this as your signature on the form*.** |  |
| **Name:** |  |
| **Position within the Organisation:**  ***Please note that this should be someone with legal and financial responsibility.*** |  |
| **Date:** |  |

1. **Scheme Promotion**

Your information will be publicly available as part of this application process for example your information may be used for promotion and publication of press articles or for publicly available end project evaluations.

By signing below, you acknowledge that your information will go into the public domain, and you are consenting to this.

You understand that either consenting or not consenting to this will not affect your application process.

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Signature:** | ***(Enter your name above the box only if you agree to be bound by the terms set out in this form (we will treat this as your signature on the form)*** |
| **Date:** |  |

**You can return the completed documents via email to** [**grants@eastsuffolk.gov.uk**](mailto:grants@eastsuffolk.gov.uk) **or send to:**

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