**Hidden Needs in East Suffolk**

**Grant Application FORM**

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| **Project title:** |  |

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| **Who have you talked to about your project?**[Every project submitted must have been discussed with an approved community advisor e.g. East Suffolk Communities Team staff or Partnerships Manager, or Community Action Suffolk staff] | **Name:****Organisation:****Date contacted:****If you have not yet discussed your project with a community advisor, please do so before completing the rest of this form** |

**ESCT Communities Officers**

Area 1: Lowestoft & Northern Parishes– Rachel Tucker, 01502 523111, 07881 661352 Rachel.Tucker@eastsuffolk.gov.uk

Area 2: Beccles, Bungay and Halesworth – Stuart Halsey, 01502 523354, 07768 114421

Stuart.Halsey@eastsuffolk.gov.uk

Area 3: Carlton Colville, Kessingland and Southwold – Jo McCallum, 01502 523186, 07919 045725 Jo.Mccallum@eastsuffolk.gov.uk

Area 4: Framlingham and Wickham Market – Nicola Jenner, 01364 444321, 07867135993

Nicola.Jenner@eastsuffolk.gov.uk

Area 5: Leiston, Saxmundham and Aldeburgh – Zoe Botten, 01394 444763, 07825 420378 Zoe.Botten@eastsuffolk.gov.uk

Area 6: Woodbridge, Melton and Deben Peninsula – Julia Catterwell, 01394 444318 , 07768 817607 Julia.Catterwell@eastsuffolk.gov.uk

Area 7: Kesgrave and Martlesham – Andy Jolliffe, 01394 444660, 07789 920487 Andrew.Jolliffe@eastsuffolk.gov.uk

Area 8: Felixstowe Peninsula – Chloe Lee - 01394 444656, 07557 486172 Chloe.Lee@eastsuffolk.gov.uk

**ESCT Communities Support Officers**

Area 1 - Louise Thomas, 01394 444658, louise.thomas@eastsuffolk.gov.uk

**Partnerships Manager**

Luke Bennett, Partnership Manager, Tel: 07833 441363, Luke.Bennett@eastsuffolk.gov.uk

**Community Action Suffolk**

01473 345400, info@communityactionsuffolk.org.uk.

For specific staff please see: <https://www.communityactionsuffolk.org.uk/staff/>

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| **Name of lead Project contact:****Position:****Organisation:****Telephone:****Email:** |  |

1. **THE PROJECT:**

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| **What are you going to deliver? [target groups and areas, key outcomes and a project description]**  |
| **TARGET GROUPS**This project will reduce social isolation and loneliness;* in older people (65+) [ ]
* in working aged people (19-64) [ ]
* in children and young people (18 and under) [ ]
* in families with limited access to resources [ ]

**How does your project contribute to the recovery from the Covid-19 pandemic for this group or groups?****TARGET AREAS**Please specify where (which priority area/areas) this project will tackle social isolation/loneliness in the target groups identified above. *Please see the East Suffolk Hidden Needs mapping for more detail about ‘hot spot’ / priority areas;* [Click Here](http://www.eastsuffolk.gov.uk/community/community-grants-and-funding/hidden-needs-grant-programme/)**KEY OUTCOMES:** Please list below the key change/results you are aiming to achieve i.e. how will you know whether your project has been a success (these should be measurable and time specific):1.
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| **DESCRIPTION** [up to 300 words] * What you intend to do and How you intend to do it
* How this will reduce social isolation and loneliness within your target group(s)
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| **START DATE** (Month/Year): | **END DATE** (Month/Year): |
| **Will you work with any other organisations to deliver the project – if so Who and How?** |
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| **How has the need for this project been identified?**Has your project idea emerged from a consultation process (e.g. community-led planning process, engagement event, survey/questionnaire, etc.)?* Is this a new project or has it received funding previously from any Suffolk organisations?

Does your project provide additionality i.e. is anyone else already doing this in East Suffolk? |
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| **How many people are likely to benefit from the project? Who are these people?** * How many people will benefit from the project?
* Do these people all live in East Suffolk? If not, what percentage do live within East Suffolk?
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1. **FUNDING & COSTS:**

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| **How the project will be funded** |
| **Total amount of funding requested from the Community Partnership Hidden Needs Fund:** | **£** |
| **Total amount of match funding:** | **£** |
| **Total project cost:** | **£** |
| **Information about match funding** |
| **Source**  | **Funding confirmed?** | **Amount (£)** |
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| **Breakdown of project costs*** Please ensure you provide **full** details of costings in as much detail as possible.
 |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |

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| **How will the project be sustained after the funding period** [if appropriate]? |
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| **How much money do you currently have in your reserves?** |
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1. **COMMUNICATION AND ENGAGEMENT:**

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| **How information will be shared with relevant people or teams, how you will engage users and publish successes.**  |
| Who are the key people/groups (stakeholders) that need to be aware of and involved in the project? |
| How and when will the project / activity be promoted / publicised? |

1. **MONITORING AND REPORTING PROGRESS**

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| **How will the impacts of the project / activity and any lessons learned be gathered, monitored and reported?** [the Community Partnership Board will require an end of project report] |
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1. **YOUR ORGANISATION:**

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| **What type of group are you?**[e.g. registered charity, Town/Parish Council, company limited by shares of guarantee, constituted club, association, or trust, Industrial or Provident Society, social enterprise, or Community Interest Company]**How many people are involved in your organisation?*** **Committee/Trustees:**
* **Paid Staff:**
* **Volunteers:**
 | XX Committee Members / TrusteesXX Paid StaffXX Volunteers |

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| **Can you confirm that your organisation has the relevant policies and procedures in place to deliver this project?** Please mark the appropriate box or enter comments if necessaryIf you are working towards any policies, they must be in place before a grant can be given. **Evidence of all Policies listed in this section will be required with your application.** |
| Constitution / set of rules [ ]  Yes [ ]  No Equal Opportunities Policy [ ] Yes [ ]  No Child Protection Policy [ ]  Yes [ ] No [ ]  N/A Vulnerable Adults Policy [ ] Yes [ ]  No [ ]  N/A Health & Safety Policy [ ]  Yes [ ]  No [ ]  N/A Data Protection [ ]  Yes [ ]  No [ ]  N/A Public Liability Insurance [ ]  Yes [ ]  No [ ]  N/A up to 5 million |

1. **DECLARATION AND DATA PROTECTION:**

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| **I am authorised to sign this application on behalf of the organisation identified in Section 1 (because I am the Chair of Trustees / Committee or the most senior paid person in the organisation) and confirm that all information contained in this application is true and accurate.****I understand that the information provided in this application will be used to assess it and subsequently to monitor the project if it is successful.****I understand that during the assessment process the ESP may share information with other funders, Council services and partner organisations.****The information you have supplied is being collected in accordance with the General Data Protection Regulation and the Data protection Act 2018 and will be used for assigning you an activity. Your information will not be used for any other purpose and will not be shared with third parties, unless permitted by law. Your information will be retained for four years. Your data will be processed and held securely and in accordance with the General Data Protection Regulation and the Data protection Act 2018. Further information about Data Protection can be found at the East Suffolk Website:** [**www.eastsuffolk.gov.uk/legal-and-privacy-statement**](http://www.eastsuffolk.gov.uk/legal-and-privacy-statement)**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** [ ]  |
| Name:Signature:Position:Date: |

Please send your completed **Application Form and supporting documentation** by email to chloe.lee@eastsuffolk.gov.uk OR melissa.williams@eastsuffolk.gov.uk

1. **RISK MANAGEMENT:**

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| **Identify conditions or circumstances that exist outside of the control of the project / activity team that would have an adverse impact if they occur.**  |
| Apply the ‘probability’ of the risk occurring combined with the level of the ‘impact‘ if it did occur and that will give you the overall level of the risk.**Impact:**High Would cause project / activity to fail, stop or cause significant delay or cost to project/activity.Medium Would cause some delay or increased costs to the project/activity impacting on deliveryLow Would cause some hindrance to the project/activity but will not cause delays or costs.**Probability:**High Is likely to happen at some stage during the project/activityMedium May happen at some stage during the project/activityLow Is unlikely (but possible) to happen at some stage during the project/activity

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| **Impact** | HighMediumLow |  |  |  |
|  |  |  |
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| Low | Medium | High |
| **Probability** |

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| **Risk No.** | Date | **Description** | **Probability** | **Impact** | **Mitigating action** | **Actions to date** | **Last reviewed** |
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