



## Framlingham, Wickham Market & Villages Community Partnership

### Small Grant Application (Autumn 2021)

**Deadline for submitting applications *December 3, 2021***

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

<b>Project or Service Name:</b>	
<b>Name of Organisation:</b>	
<b>Parish/area(s) within the Community Partnership that the project covers:</b>	

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

<b>2. Group Status:</b>	
<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 Comm.
<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 - please state:
<b>If registered charity, please state number:</b>	



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 <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Child Protection Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Adults at Risk of Harm 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"/>	Not applicable <input type="checkbox"/>

***Please ensure that you have attached copies or provided a weblink to online copies, as funding cannot be awarded without evidence of these. Click in this box to confirm you have:***

***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 one (or both) of the following priorities and how (up to 200 words):

- 1. Developing opportunities for young people***
- 2. Reducing social isolation and loneliness***

Examples could include:

- *Delivering activities for young residents (centred around life skills, fun and leisure) and older residents (centred around health, wellbeing and improving quality of life/ageing well)*
- *Creating new mobile facilities*
- *Enhancing existing services which benefit the wider communities*
- *Supporting and developing better sharing of information and resources around existing services/provisions with schools, residents, community groups and local businesses*
- *Supporting the enhancement and creating of outdoor spaces and local community facilities*
- *Etc.*



**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)	
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**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.**

<b>9. Costs / Funding:</b>															
<p>Please provide a breakdown of all the costs of the Project/Service (add extra rows if necessary) and the TOTAL cost:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 2px;">Item</th> <th style="text-align: right; padding: 2px;">Costs</th> </tr> </thead> <tbody> <tr><td style="height: 15px;"></td><td style="text-align: right; padding: 2px;">£</td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; padding: 2px;">£</td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; padding: 2px;">£</td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; padding: 2px;">£</td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; padding: 2px;">£</td></tr> <tr style="background-color: #d3d3d3;"> <td style="padding: 2px;"><b>Total Project / Service Cost:</b></td> <td style="text-align: right; padding: 2px;"><b>£</b></td> </tr> </tbody> </table>	Item	Costs		£		£		£		£		£	<b>Total Project / Service Cost:</b>	<b>£</b>
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<b>Total Project / Service Cost:</b>	<b>£</b>														
<p>How much are you requesting from the CP?</p> <p><b>Applications are to be no less than £250 and must not exceed £2500.</b></p>	<p>£</p>														
<p>Please confirm any match-funding (if applicable) and show clearly how that is taken into account within the overall total project / activity cost:</p>	<p>£</p>														
<p>If there is a funding shortfall, please state how much and explain how or where from that funding will be obtained and when:</p>	<p>£</p>														
<p>Please summarise the project / activity funding, ie total cost, funds</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left; padding: 2px;">Item</th> <th style="text-align: right; padding: 2px;">Costs</th> </tr> </thead> <tbody> <tr style="background-color: #f4a460;"> <td style="padding: 2px;"><b>Own Funds</b></td> <td style="text-align: right; padding: 2px;">£</td> </tr> </tbody> </table>	Item	Costs	<b>Own Funds</b>	£										
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already secured, grant applied for, any match-funding, any shortfall	<b>Match-Funding Secured (if any)</b>	£
	<b>CP Grant you are applying for</b>	£
	<b>Any Shortfall</b>	£
	<b>Total Project / Service Cost</b>	£
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:**

Please email this Grant application to [grants@eastsuffolk.gov.uk](mailto:grants@eastsuffolk.gov.uk)

Hard copies can be returned to: Funding Team, East Suffolk House, Station Road, Melton, Woodbridge, IP12 1RT.