**Lowestoft & Northern Parishes Community Partnership**

**‘Try it’ SMALL GRANT SCHEME**

**Application Form**

**Applications close at: 9.00am, 6th June 2025**

**Please DO read the Guidance before applying – it will make a difference!**

***Please answer all questions highlighted in COLOUR before submitting, thank you!***

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| --- | --- |
| **Project, Service or Event:** | |
| **Name of Organisation(s) that will deliver it:** | |
| **Brief Description of What the Project/Service/Event is (2 lines max. – type in box below):** | |
|  | |
| **Which Towns/Villages will you deliver this in? (type in box below)** | |
|  | |
| **Small Grant Funding Requested: (Between £500-£1,000\*)** | **£** |

1. **Outcomes and Beneficiaries:**

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| **The panel will need to fully understand these and how they will be measured. Please state what the anticipated outcomes of your project/service/event are and who they are targeted at.**  *Please note: Outcomes are the specific* ***changes or impact*** *that you want to result from your project/service/event and need to be measurable, so that you can prove it has driven the change and created the impact you said it would. The best way to make your outcomes measurable is to ensure they are* ***specific,*** *rather than general. And the best way to ensure you will achieve your outcomes is to make them* ***realistic****. If it’s very difficult to measure or to achieve your expected outcome, you should consider whether it needs replacing or expressing differently.*  *Your* ***Beneficiaries*** *are the people who will benefit from your activity. Please be as specific as possible.*  ***The BROAD outcomes anticipated are described in the Guidance – you MUST refer to these when answering below.*** |
| **Your Outcomes (specific CHANGES or IMPACT) and How they address/meet the BROAD outcomes mentioned above:**  **Who your Beneficiaries will be:** |

1. **Project/Service/Event Description: *How you will achieve your stated outcomes for your chosen beneficiaries (up to approximately 300 words maximum):***

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| **We need to know the following, which MUST be referenced in your answer:** |
| * **Practically, what you intend to do to achieve your outcomes** * **How you intend to do it** * **How it demonstrates value for money** * **How it relates to the beneficiaries stated** * **How many beneficiaries (people) you intend to reach / give benefit to** |

1. **Evidence of Meeting Outcomes – Impact / On-Going Monitoring & Evaluation:**

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| **The Community Partnership needs to be sure that the delivery partner will collect relevant data to measure the programme / project's impact and prove that its stated outcomes have been achieved.** The type and amount of data will vary depending on the project and on the provider’s resources. Ideally, the delivery partner will need to collect data that illustrates:   * What has been delivered * Who has been reached by the project i.e. Groups of people including new members, young people, people struggling with loneliness, etc., as well as the approximate number or percentage of each group * What change has been driven, in line with your stated objectives for the project – for example, a reduction in reported feelings of loneliness between the start and the end of a customer’s interaction with your project.   **Please describe below what data you will collect, how you will collect it and how often - and then please accept the data collection statement underneath. If you need help completing this section, please speak to your local Communities Officer.**  ***Please note we will send you a monitoring sheet to complete and return to evidence this.*** |
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| I agree to collect data that illustrates whether the stated outcomes have been reached, which allows the success of my project to be evaluated **(*click in the BOX and it will change to an ‘x’*)** |

1. **Identification of Need:**

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| ***How was the need for your project/service/event identified (up to 200 words):***  *Please specify how your idea developed, e.g., as a result of a Task & Finish Group, Parish/Neighbourhood Plan, Market Town health check, questionnaire or another means of consultation/engagement, etc. You can also show need through anecdotal evidence such as ticket sales/reviews or events.*  ***Your answer must describe how the need relates to the Outcomes you stated in Question 1.*** |
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1. **Stakeholders:**

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| **Which (if any) stakeholders will be involved and how will they contribute to the project/service/event e.g. Time / Money / Facilities, etc. Please remember to detail any time given by volunteers (hours / days)**  **Please also think about contacts/connections that may be helpful for the project** |
| **Stakeholders who will be involved:**  **Contacts/connections that may be helpful for the project:** |

1. **When the project/service/event will start & finish (funding must be used by the end of March 2025)**

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| --- | --- | --- | --- |
| **Start Date (MM/YY)** |  | **Finish Date (MM/YY)** |  |

1. **Resources/Costs/Funding:**

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| --- | --- |
| **Do you have a FUNDING REQUEST to East Suffolk Council or other source of funding pending? If so, please give details:** |  |

**Please provide a breakdown of the TOTAL project/service/event resources needed and budget costs (add extra rows if necessary).**

**This MUST include any volunteer hours donations of free materials and any discounts you have obtained, so that we can see the true cost of the project, not just those you still need to fund. This will enable us to then appreciate the added value gained by the Community Partnership for any funding awarded.**

**For Volunteer Hours, simply include the hours given by all volunteers. You must use the nationally recognised rate per hour, as in the example shown in the table below**

**Please list each item separately.** For example, please do **NOT** put **‘**Materials, venue hire and refreshments’ as one cost – this must be 3 separate amounts.

***Examples:***

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| --- | --- | --- |
| **Venue hire** | **For 8 months @ £75 per month** | **£600.00** |
| **Staff Hours** | **DIRECTLY attributable:**  **Admin. 2 hours per month at £15.00 per hour for x 8 months** | **£240.00** |
| **Volunteer hours (in-kind support)** | **2 volunteers for 3 hours per day at £13.13 per hour, 1 day per week for 8 months (32 weeks)** | **£2,520.96** |
| **Value of donated goods or value of discount** | **Building materials donated free, valued at £500.**  **50% discount given on hire of trailer, worth £250.** | **£700.00** |

***Now please complete the table below:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | ***What does this include and approx. how long will it last*** | | **Cost** |  |
|  | **1** | | **£0.00** |  |
|  | **2** | | **£0.00** |  |
|  | **3** | | **£0.00** |  |
|  | **4** | | **£0.00** |  |
|  | **5** | | **£0.00** |  |
|  | **6** | | **£0.00** |  |
|  | **7 Volunteer Hours:** | | **£0.00** | **(E)** |
|  | **8 Donated Goods/Discount:** | | **£0.00** | **(F)** |
| **EXPENDITURE: Total cost of Outcome Proposal, etc, ie 1+2+3+4+5+6+7+8, etc.:** | | | **£0.00** | **(A)** |
| **Community Partnership Funding you are applying for:** | | **£0.00** |  | **(B)** |
| **Own Funds already held for THIS event/project, ie Bank/Building Society:** | | **£0.00** |  | **(C)** |
| **TOTAL Match-Funding Awarded by others but NOT in your Account yet:** | | **£0.00** |  | **(D)** |
| **TOTAL of Volunteer Hours (from above table):** | | **£0.00** |  | **(E)** |
| **TOTAL Value of Donated Goods/Value of Discount (from above table):** | | **£0.00** |  | **(F)** |
| **INCOME: TOTAL Funding available, if CP funding is approved, ie B+C+D+E+F:** | | | **£0.00** | **(G)** |
| **Funding Shortfall, if any, ie (A) minus (G):** | | | **£0.00** | **(H)** |

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| **If there is a FUNDING SHORTFALL (H), please explain how/where you aim to make that up and when:** |  |

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| **Costs - Further Info:** Only complete this box if you need to add further clarity regarding your costs: |  |

1. **Sustainability:**

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| **How will the project/service/event be sustained / continued once any funding awarded has been used?** |
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1. **Publicity:**

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| **How will you promote and publicise the project/service/event?** We require you to acknowledge the Community Partnership funding provided by East Suffolk Council in any relevant publicity. |
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1. **Delivery Organisation Status:**

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| ***Click in the applicable BOXES and it will change to an ‘x’:***  Community or voluntary group  Registered Charity  Community Interest Organisation (CIO)  Local Branch of a National Organisation | Charitable Company Limited by Guarantee  CIC / Social Enterprise  School  Village Hall/Recreation Ground Comm.  Town or Parish Council  Other - please state: ­­­­ |
| If registered charity, please state number: |  |
| If registered as a company e.g., Community Interest Company or Limited by Guarantee, please state number: |  |

1. **Supporting Documents:**

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| **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/service/event and attach copies (or give web-links) with your submission. ***Please note:*** *If your project / service / event is operating under an ‘umbrella’ organisation and their polices & procedures formally cover you, then they will suffice – please send them with your application or via web-links.* |
| Constitution / set of rules Yes  No  Not applicable  Child Protection Policy Yes  No  Not applicable  Vulnerable Adults Policy Yes  No  Not applicable  Health & Safety Policy Yes  No  Not applicable  Equal Opportunities Policy Yes  No  Not applicable |
| ***Please ensure you have attached copies or given a web-link to copies, as any funding awarded cannot be given without these. Click in this box to confirm you have:*** |
| ***If any are ‘not applicable’ please explain below why, as most organisations we fund would be expected to have all of the above in place or at least be ‘work in progress’. Thank you:*** |

1. **Applicant Lead Declaration & Data Protection:**

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| **Your Own Name:** |
| **Your Position in the Organisation:** |
| **Your Email Address:** |
| **Your Telephone Number:** |
| The information you have supplied is being collected in order for East Suffolk Council to process your application for the funding in accordance with the grant scheme guidance.  Your Information will not be used for any other purpose. Your information may be shared with an East Suffolk Community Partnership panel to assess your application. This panel could include external organisation from the Voluntary Community Faith Social Enterprises (VCFSE) sector or where 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.  Where you have supplied any personal data relating to other individuals, you confirm that you have met your own obligations under data protection law, including the requirements that data is shared only where a lawful basis exists, and the data subject is informed of their rights.  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.   ***Please ensure you have answered all questions in COLOUR before accepting and signing below:***   |  | | --- | | **Signature:**  **On behalf of (state Organisation):**    **Date:** | |

**Thank you for your interest in this Fund and your efforts in the community!**

**Please now email this as a WORD document, not a PDF to the email address below and don’t forget those policies & procedures please! Thank you.**

[**grants@eastsuffolk.gov.uk**](mailto:grants@eastsuffolk.gov.uk)**.**

**If you have queries, please use the same email address as above.**

***Hard copies can be submitted and returned to:***

***Funding Team, Riverside, 4 Canning Road, Lowestoft NR33 0EQ***