



Melton Woodbridge & Deben Peninsula Community Partnership

Small Grant Application (Winter 2021)

Deadline for submitting applications *January 1, 2022 (23:59)*

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

Which scheme are you applying to, i.e. The Youth Engagement Grant Scheme or The Village Hubs Grant Scheme:	
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Project or Service Name:	
Name of Organisation:	
Parish/area(s) within the Community Partnership that the project covers:	

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

2. Group Status:	
<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"/> Charitable Company Limited by Guarantee	<input type="checkbox"/> Town or Parish Council <input type="checkbox"/> 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:	

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"/>
<i>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:</i>			
<input type="checkbox"/>			
<i>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:</i>			

4. Community Partnership Priorities:
How does your project or activity address one (or both) of the following priorities and how (up to 200 words):
<ol style="list-style-type: none"> The Youth Engagement Grant Scheme: Improving the opportunities and services available to young people. <i>This could include providing new activities centred around life skills, fun or leisure or improving or creating new outdoor spaces or play equipment.</i> The Village Hubs Grant Scheme: Creating or improving village hubs to the benefit of the wider community. <i>This could include assistance in making premises in the area fit for use as a community hub or supporting mobile services in bringing provisions to a village.</i>



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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.

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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

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8. What other stakeholders (if any) will be involved and how, e.g. giving Time / Money / Facilities, etc.

9. Costs / Funding:

Please provide a breakdown of all the costs of the Project/Service (add extra rows if necessary) and the TOTAL cost:

Item	Costs
	£
	£
	£
	£
	£
	£
Total Project / Service Cost:	£

How much are you requesting from the CP?

£

Applications are to be no less than £250 and must not exceed £2500.

Please confirm any match-funding (if applicable) and show clearly how that is taken into account within the overall total project / activity cost:

£

If there is a funding shortfall, please state how much and explain how or

£



where from that funding will be obtained and when:													
Please summarise the project / activity funding, ie total cost, funds already secured, grant applied for, any match-funding, any shortfall	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">Item</th> <th style="background-color: #d3d3d3;">Costs</th> </tr> </thead> <tbody> <tr> <td>Own Funds</td> <td style="text-align: right;">£</td> </tr> <tr> <td>Match-Funding Secured (if any)</td> <td style="text-align: right;">£</td> </tr> <tr> <td>CP Grant you are applying for</td> <td style="text-align: right;">£</td> </tr> <tr> <td>Any Shortfall</td> <td style="text-align: right;">£</td> </tr> <tr> <td style="text-align: right;">Total Project / Service Cost</td> <td style="text-align: right;">£</td> </tr> </tbody> </table>	Item	Costs	Own Funds	£	Match-Funding Secured (if any)	£	CP Grant you are applying for	£	Any Shortfall	£	Total Project / Service Cost	£
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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:
<p>What are the anticipated outcomes:</p> <p><i>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:</i></p> <p><i>“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)”.</i></p>



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@eastsoffolk.gov.uk

Hard copies can be submitted and returned to:

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