**East Suffolk Boost Grant Scheme**

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** |  |

**1a. 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

**1b. Does your organisation have all 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***

Which of the following types of 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**

|  |  |
| --- | --- |
| **Which priority/priorities does this project meet and how?**   * **Dementia** * **Disability, Hearing Loss or Visual Impairment** * **Community Food project** * **Activity/Fitness** |  |
| **Project name (if applicable)** |  |
| **Project description (no more than 500 words)**  **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* * *What will the project outcome/impact be* |  |
| **Project start date** |  |
| **Project end date** |  |

1. **Project Costs / Budgets**

|  |  |
| --- | --- |
| **How much funding are you applying for from Boost?** | £ |
| **Total project costs** | £ |
| **Project costs breakdown – please provide a breakdown of the project costs** | |  |  | | --- | --- | | **Description** | **£** | |  |  | |  |  | |  |  | |  |  | |  |  | |
| **Have you already secured match funding for the project or are you waiting for confirmation of other sources of funding this project?** | Yes  No  *If Yes, who from and how much:*  *If No, how will any funding gap be resolved:* |
| **How will this project be sustained after the funding grant has been spent (if appropriate)?** |  |
| **How much money do you currently have in your reserves?** | Restricted - £  Unrestricted - £ |

1. **Communication & Engagement**

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| --- | --- |
| **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?** |  |

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

|  |  |
| --- | --- |
| **Description** | **Y/N** |
| Have you read the guidance before submitting? |  |
| Have you got in place, ready to submit with application, your policy documents? |  |
| Have you costed your project for just for 6 months (even if the overall project is longer)? |  |
| Have you made sure your costs are costs we can fund (e.g not retrospective) |  |
| Have you ensured that you application includes information about how your project will add value to existing organisations, projects and activities in your target area? |  |
| Have you clearly demonstrated the need and demand for the project? |  |
| Have you clearly identified how the project meets the relevant priority or priorities? |  |

1. **Applicant Declaration & Data Protection**

The information you have supplied is being collected to allow us to process your application for the East Suffolk Boost Grant 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>

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Signature:** | ***Enter your name about 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:** |  |

1. **Submission of application**

Please submit an electronic version of this form to [grants@eastsuffolk.gov.uk](mailto:grants@eastsuffolk.gov.uk)

If a hard copy is submitted, please sign and return the completed application to: Funding Team, East Suffolk House, Station Road, Melton, Woodbridge, IP12 1RT