

Youth Take Over Grant - Application Form

Name of organisation:	
Contact name:	
Email address:	
Phone number:	
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:	

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

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
 Vulnerable Adults Policy Yes No Not applicable
 Health & Safety Policy Yes No Not applicable
 Equal Opportunities Policy Yes No
 DBS Policy/Process Yes No
 Covid Risk Assessment Yes 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

Name of Project:	
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Project details – 500 words maximum

<p>Project proposal – please outline</p> <ul style="list-style-type: none"> • the project or service you want to deliver • who the project is aimed at • the geographical area your project will cover (town/village etc) • what the funding will be spent on • How you know that there is a need for the project – what evidence do you have? <p>Please provide enough detail for the Panel to understand your project and what you want to deliver</p>	
<p>What will the outcome/impact of the project be? (How many people will benefit? How will it benefit them? How will you know that you've been successful? How will you monitor your progress? E.g. questionnaires, reports)</p>	

Project costs

How much funding are you applying for? (max £1,500)	£
Total project costs:	£

Breakdown of project costs:	Description	£
How will this project be sustained after the funding grant has been spent (if appropriate)?		

Applicant Declaration & Data Protection

The information you have supplied is being collected to allow us to process your application for the East Suffolk Youth Take Over Day 2021. 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:	<i>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.</i>
Date:	

Submission of application

Once completed, application forms should be sent to grants@eastsuffolk.gov.uk by no later than the 5th November 2021

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

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