



Enabling Community Budget (ECB) – Application Form

To be completed by the applicant and Councillor(s)

Please ensure that all boxes and declarations are completed, failure to do this could delay the processing of this application.

1. Organisation Details – to be completed by the applicant

Name of organisation/group	
Name and position held at organisation:	
Address for correspondence: <i>(please include the postcode)</i>	
If you are a registered charity, please state your 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:

- | | |
|--|---|
| <input type="checkbox"/> Community or voluntary group | <input type="checkbox"/> CIC / Social Enterprise |
| <input type="checkbox"/> Registered Charity | <input type="checkbox"/> Village Hall/Recreation Ground Committee |
| <input type="checkbox"/> Charitable Incorporated Organisation | <input type="checkbox"/> Charitable Company Limited by Guarantee |
| <input type="checkbox"/> Local Branch of a National Organisation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Town/Parish Council | |

1b. Does your organisation have the relevant policies and procedures in place? Please tick those which are applicable to your organisation/this project:

- | | | |
|----------------------------|------------------------------|---|
| Constitution/set of rules | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Child Protection Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> Not applicable <input type="checkbox"/> |
| Adults at risk of Harm | 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"/> |
| DBS Policy/Process | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



If you do not have any policies in place, we do recommend that you engage with Community Action Suffolk who will be able to advise you on the most appropriate governance/policies for your organisation.

Which of the following 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 <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Other (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>

2. Project Details – to be completed by the applicant

Project name	
Project description (no more than 500 words) Please include: <ul style="list-style-type: none">• <i>What you intend to do</i>• <i>How you intend to do it</i>• <i>How the need for the project/activity was identified</i>• <i>How many people will benefit from the project and who these people are</i>	
Strategic Plan Priorities <ul style="list-style-type: none">• <i>Which Strategic Plan Priority does your project meet</i>	<p>Please tick below which priority(s) and theme your project meets;</p> <p><input type="checkbox"/> Environmental Impact:</p> <ul style="list-style-type: none"><input type="checkbox"/> Continued commitment to net zero by 2030<input type="checkbox"/> Supporting sustainable transport<input type="checkbox"/> Restoring ecosystems and biodiversity<input type="checkbox"/> Work in partnership to manage coastal adaptation and resilience<input type="checkbox"/> Focus on reduction, re-use and recycling of materials<input type="checkbox"/> Encourage food self-sufficiency. <p><input type="checkbox"/> Sustainable Housing:</p> <ul style="list-style-type: none"><input type="checkbox"/> Deliver the right housing based on our communities need<input type="checkbox"/> Tackle fuel poverty and support new heating technologies<input type="checkbox"/> Add to, improve and make better use of our housing stock<input type="checkbox"/> Promote housing developments which enhance wellbeing



	<p>and protect the environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce and prevent homelessness <input type="checkbox"/> Promote community pride in homes and neighbourhoods <input type="checkbox"/> Encourage more self build in East Suffolk. <p><input type="checkbox"/> Tackling inequalities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use local data to design and deliver services <input type="checkbox"/> Work with partners to better understand need <input type="checkbox"/> Priorities early help to support residents <input type="checkbox"/> Digitally enable our communities to help residents in need <input type="checkbox"/> Efficiently deliver benefits and grants to residents <input type="checkbox"/> Further develop our Community Partnership model <input type="checkbox"/> Reduce health inequality and improve wellbeing <input type="checkbox"/> Take action to improve community safety and reduce ASB. <p><input type="checkbox"/> Thriving our Economy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Empower residents to build the right career skills <input type="checkbox"/> Encourage creativity and enterprise, and support start-ups <input type="checkbox"/> Support businesses to eliminate waste and recycle more <input type="checkbox"/> Ensure local plans work for local people <input type="checkbox"/> Encourage Investment in East Suffolk key sectors <input type="checkbox"/> Increase the economic viability of our towns <input type="checkbox"/> Community wealth building by working with local companies <input type="checkbox"/> Ensure our residents can benefit from national infrastructure projects <input type="checkbox"/> Support responsible tourism and visitor economy.
<p>Please explain how your project meets the Strategic priority and theme:</p> <p>www.eastsuffolk.gov.uk/yourcouncil/how-your-council-works/east-suffolk-strategic-plan/</p>	
<p>Project start date</p>	
<p>Project end date</p>	

3. Project Costs / Budgets

<p>How much ECB funding are you applying for</p>	<p>£</p>
<p>Total project costs</p>	<p>£</p>



Project costs breakdown – please provide a breakdown of the project costs	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: right;">£</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Description	£										
Description	£												
Are you waiting for confirmation from other sources for funding for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, who from and how much:</i> 												
Please can you confirm that this project/activity has not already started/been paid for (we cannot fund items/services/activity that have already been purchased and paid for before a Grant Acceptance has been issued). <i>Please note, if the above does occur, this would make your application ineligible and we may claw back the grant.</i>	Yes <input type="checkbox"/> I confirm activity/project has not already started No <input type="checkbox"/> <i>If you have selected no, please can you provide further details below about which stage the project/activity is and why this application is still relevant:</i> 												
Have you previously received ECB or other grant funding from us?	Please provide details of how much and what for: <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: right;">£</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Description	£										
Description	£												

4. Councillor Declaration – to be completed by the lead Councillor

Councillor name	
Ward area	
Amount to be allocated from my budget:	£
Have you any Local Non-Pecuniary Interest or Disclosable Pecuniary Interest:	Yes <input type="checkbox"/> No <input type="checkbox"/>



NB; this is checked against the Register Of Interest List (cmis.uk.com)	If yes, please detail the interest below:		
I confirm that I have spoken with relevant Councillors (where applicable) to discuss pooling funding:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I agree to payment being made to the above organisation and confirm that this application meets the Enabling Community Budget Scheme guidance. I wish it to be submitted for approval by the Funding Manager.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signature; <i>If printed, we will treat this as your signature on the form</i>			
Date			

4b. If this is a joint ECB application, additional Councillor(s) will need to complete the following declaration box (please copy the following box for however number of Councillors are contributing towards the project). Please note that a covering email is required along with this additional declaration section, please send to grants@eastsuffolk.gov.uk

Councillor name			
Amount to be allocated from my budget:	£		
Have you any Local Non-Pecuniary Interest or Disclosable Pecuniary Interest:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
NB; this is checked against the Register Of Interest List (cmis.uk.com)	If yes, please can you detail the interest below:		
I agree to payment being made to the above organisation and confirm that this application meets the Enabling Community Budget Scheme guidelines. I wish it to be submitted for approval by the Funding Manager.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, can you explain below why:
Signature; <i>If printed, we will treat this as your signature on the form</i>			
Date			



5. Applicant Declaration & Data Protection – *to be completed by the applicant*

The information you have supplied is being collected in order for East Suffolk Council to process your application for the Enabling Communities Budget grant scheme in accordance with the grant scheme guidance. If you do not provide your consent, East Suffolk Council will not be able to process your application.

Your Information will not be used for any other purpose unless East Suffolk Council obtains your consent or unless 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. You can request that your information is deleted at any time.

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.

Signature; <i>If printed, we will treat this as your signature on the form</i>	
Date:	

6. Submission of application – *this needs to be submitted by the Councillor.*

The lead Councillor will need to submit an electronic version of this form to grants@eastsuffolk.gov.uk from their East Suffolk email address.

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

Applications submitted direct by the applicant will not be processed and must be submitted by the lead Councillor.