

**Community Partnership Grant Application (2020-2021)**

**Section 1 – Organisation Details**

<b>Contact Details</b>	
Name of Group:	
Address (incl. Post Code)	
Project Lead (Name & Position):	
Project Name:	
Parish/area(s) within the Community Partnership that the project covers	
Contact Email Address:	
Contact Telephone Number:	

<b>Group Status</b>	
<input type="checkbox"/> Community or voluntary group <input type="checkbox"/> Registered Charity <input type="checkbox"/> Community Interest Organisation (CIO) <input type="checkbox"/> Local Branch of a National Organisation <input type="checkbox"/> Charitable Company Limited by Guarantee	<input type="checkbox"/> CIC / Social Enterprise <input type="checkbox"/> School <input type="checkbox"/> Village Hall/Recreation Ground C'tee <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:	

### Supporting Documents

Does your organisation have the relevant policies and procedures in place? Please tick those which are applicable to your organisation/this project and attach copies with your application submission:

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"/>
Vulnerable Adults 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"/>	

## Section 2 – Project details

### Project description

Please provide a brief description of your planned project or activity (up to 200 words).  
*We need to know the following:*

- *What you intend to do*
- *How you intend to do it*
- *How your project demonstrates value for money*

How does your project or activity address the following priorities (up to 200 words):

- P1. Develop active and sustainable transport solutions / community transport***
- P2. Tackle social isolation and loneliness.***
- P3. Improve physical and mental health and wellbeing and enable people to live healthy lives.***

***(Please state in the text box below which priority / priorities your project is looking to address (P1, P2, P3))***

**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.*
- *You can also show need through anecdotal evidence such as ticket sales/reviews or events.*

**When will your project start and finish?**

Start Date (MM/YY)

Finish Date (MM/YY)

**Section 3 – Budgets**

**Project Funding**

Total Cost of the Project:

£

How much grant is required?	£
How much match funding is in place? (if applicable)	£

#### Section 4 – Outcomes/Monitoring

##### What are the anticipated outcomes:

*Outcomes are the specific changes that you want to result from the project*

*Time specific outcomes?*

*Who are the expected beneficiaries and how many people do you intend to reach?*

##### How will you monitor and evaluate progress towards these outcomes?

*i.e What information do you need to record as the project develops to track progress*

##### How will you promote and publicise the project?

*N.B. We expect you to acknowledge the Community Partnership funding provided by East Suffolk Council in any relevant publicity.*

## Declaration

I am authorised and eligible to sign and approve this application on behalf of the organisation and declare the information included in this application is true and accurate.

By signing below, the information you have supplied is being collected to allow us to process your application. By completing this form, you consent to East Suffolk using your information in this way.

I understand that in the assessment of this application the Council may share information contained within it, with other core funders for funding programmes we have applied too, relevant Council directorates and committees.

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.

Your information will be retained for 4 years. You can request that your information is deleted at any time.

Data will be processed and held securely and in accordance with the General Data Protection Regulation (and any updates).

Further information about data protection can be found on the East Suffolk Website <http://www.eastsuffolk.gov.uk/assets/Your-Council/Access-to-Information/Privacy-Notices/Communities-Privacy-Notice.pdf>

***To comply with General Data Protection Regulation 2018 and Data Protection Act 2018, I confirm that I have given my consent for my personal data to be used in accordance with the privacy notice above (please tick the box)***

**Signature:**

**Date:**

*Enter your name only if you agree to be bound by the terms set out in this form. We will treat this as your signature of the form.*

Please submit this Grant application to [grants@eastsuffolk.gov.uk](mailto:grants@eastsuffolk.gov.uk)