

West Suffolk Council Community Chest Grant Application Form 2022-23

Part A

Community Chest funding supports voluntary and community groups who make a contribution to improving the quality of life for people in West Suffolk. The information you provide will help us consider your application. If you have any questions, please give us a call on 01638 719235. Before completing this form, please read the guidelines, which are available on:

<https://www.westsuffolk.gov.uk/community/community-grants.cfm>

Please return your completed, signed form and supplementary documents to:
families.communities@westsuffolk.gov.uk.

Please note: This form is for applications to the West Suffolk Council Community Chest grants scheme.

Privacy notice

West Suffolk Council is a data controller and can be contacted at: West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU. Phone: 01284 757173. The Data Protection Officer is Andy Hope and can be contacted at the same address.

We are collecting your personal information in relation to an application for a grant supplied by West Suffolk council. The council administers these grants as a legitimate interest in strengthening, empowering and building resilient communities.

Your data will not be shared with third parties unless to contact other parties (specifically specialist advisors/experts and community referees) who will help the processing of this application or used for council publicity purposes (such as media outlets) in relation to a successful grant, or where we are required or permitted to share data under other legislation (for example the detection and prevention of fraud).

Your data will be kept for six years in line with our retention policy.

You have the right to access your data and to rectify mistakes, erase, restrict, object or move your data in certain circumstances. Automated decision making and processing is not used during this application. Please contact the Data Protection Officer for further information or go to our website where your rights are explained in more detail. If you would like to receive an explanation of your rights in paper format please contact the Data Protection Officer.

Any complaints regarding your data should be addressed to the Data Protection Officer in the first instance. If the matter is not resolved you can contact the Information Commissioner's Office at: Wycliff House, Water Lane, Wilmslow, Cheshire, SK9 5AF Phone: 0303 123 1113.

For more information on our data protection policies please visit: [How we use your information](#) or email: data.protection@westsuffolk.gov.uk

1. Contact details

Organisation and lead partner name	
Organisation address	
Postcode	
Organisation main email	
Organisation main phone	
Organisation website	
Organisation Twitter	
Organisation Facebook	

Contact person 1 (main contact)	
Name	
Position in organisation	
Daytime phone	
Mobile	
Email	
Address if different to organisation's	
Postcode	
Contact person 2	
Name	
Position in organisation	
Daytime phone	
Mobile	
Email	
Address if different to organisation's	
Postcode	

2. About your organisation

2.1. Which local authority area(s) does your organisation currently work in?

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2.2 What type of organisation are you? (please check the relevant box)

Registered charity	<input type="checkbox"/>	Charity number:
Applying for charitable status	<input type="checkbox"/>	
Company limited by guarantee	<input type="checkbox"/>	Company number:
Community interest company	<input type="checkbox"/>	
Part of a larger regional or national charity (Please state which one)	<input type="checkbox"/>	
Constituted community group	<input type="checkbox"/>	
Social enterprise	<input type="checkbox"/>	Type:
A new organisational 'start up' approved within the last three months	<input type="checkbox"/>	Other (please specify)

2.3 How many people are currently involved in your organisation?

Trustees	<input type="checkbox"/>	Management Board	<input type="checkbox"/>
Management team	<input type="checkbox"/>	Service users	<input type="checkbox"/>
Full time paid staff or workers	<input type="checkbox"/>	Volunteers and helpers (non-management)	<input type="checkbox"/>
Part time paid staff or workers	<input type="checkbox"/>	Overall number	<input type="checkbox"/>

When did your organisation start?

Year	
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2.4 What is the purpose of your organisation? Please briefly describe why your organisation was set up, its aims and objectives, what activities it carries out and who primarily benefits.

Maximum 300 words

2.5 What was your organisation's total income for last financial year? (your branch if part of a larger organisation)

2.6 What was your organisation's total expenditure for last financial year? (your branch if part of a larger organisation)

2.7 Does your organisation have more than six months running costs? (your branch if part of a larger organisation)

2.8 What are your organisation's current unrestricted reserves or savings? (your branch if part of a larger organisation)

2.9 Please indicate below any ringfenced funding from your reserves so we can discount any restricted reserves.

Amount	Ringfenced purpose

3. About your project

3.1. What do you want the funding for? Please be specific. Please note that 'project' is meant to describe the project for which you are seeking funding, and not your organisation. Please include outputs (the quantity of service which you will deliver).

Maximum 300 words

3.2. How does your project contribute towards the council's Families and Communities strategy and Families and Communities approach? Please refer to guidance and reference both in your answer.

Maximum 300 words

3.3. How many people will benefit from your project (on a weekly, monthly or annual basis) and how? Please include outcomes (how your project will benefit the people who are involved in it) and how you will collect evidence of this.

Maximum 300 words

3.4. Are you working with any other organisations or groups on this project?

Yes/no

If yes, please state the names of these organisations or groups and the nature of the relationship.

Maximum 300 words

3.5 What evidence do you have that there is a need for this project? Please include sources of evidence, including any public, user or community consultation and research you have carried out.

Maximum 300 words

3.5. How has the project been developed out of the community's desire to improve the lives of local people? What role have users and/or the community had in developing this project?

Maximum 300 words

3.6. What methods will be used to continually evaluate the project?

Maximum 300 words

4. Timescales and sustainability

4.1. When will your project start and end? (the period for which you are asking the council for funding). Please note, the timeline for funding is from new financial year April 2022 onwards.

Start date	dd/mm/yyyy	End date	dd/mm/yyyy
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4.2. If this is an ongoing project, how will it be funded and supported after the end of the grant period?

Maximum 150 words

5. Funding request and budget

5.1. Which years are you applying for funding for? Please delete as applicable.

2022-2023	2023-2024
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5.2. What is the total cost of the project? (project costs only, not for your whole organisation and not just the funding you are requesting).

£

5.3 Please provide a full breakdown of the total cost of this project, including VAT if applicable. Please only include direct expenditure for this project.

Item	Amount
Staff and volunteers (including roles, hourly rates, NI and tax contributions and expenses where applicable)	
Overheads (including items such as venue or office costs, utilities, back office services, insurance)	

Item	Amount
Equipment and resources	
Other	
Total	£

5.4 We actively encourage all applicants to seek match funding for projects. Please provide a full breakdown of all other funding you have either secured or awaiting decision on for this project.

Funder	Amount requested	Decision timescale or date secured
	£	
	£	
	£	
Total		

5.5 Please provide a full breakdown of all in-kind support you have secured for this project.

In-kind support is assistance and items you would normally expect to pay for, but which you are getting for free, such as volunteer hours or a free venue. You might find it useful to give volunteer hours a value, such as the minimum wage, or higher if you have volunteers with particular expertise it would be expensive to pay for.

Item	Amount
Volunteer contributions (including estimated hours given and roles)	
Equipment and resources (please itemize)	

Other	
Total	£

5.6 How much funding are you applying to us for?

2022-23	£	2023-24	£
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Funding source	Amount (£)	Reason for funding
Total:		

5.7 What other grants and contracts has your organisation received over the past three years from West Suffolk Council. (Please note, previously either Forest Heath District Council or St Edmundsbury Borough Council.)

Local authority	Funding purpose	Amount	Financial year the funding received

5.8 Do you have any outstanding debts with West Suffolk Council? For example, business rates.

Thank you for completing Part A of the form. Please continue to part B.

West Suffolk Council Community Chest Grant Application Form

Part B

1. Your organisation's bank details

If you are successful, we will make payment direct into your bank account via BACS. Please enter the details of your bank or building society below.

Name of bank or building society	
Sort code	
Account number	
Do you have at least two unrelated cheque signatories? (Please note that signatories must not live at the same address.)	Yes/no

2. About your organisation's independent referees

You must provide us with details of **two** independent referees. Your referee must be a person with a professional or public position whose status we can check. They must be completely independent of your organisation but be knowledgeable about its operation and know about the project for which you are requesting funds. Please do not give the details of a relative, friend, partner another member of the group, or anyone who would benefit from a grant being awarded to your project.

First referee	
Title	
Forename	
Surname	
Occupation	
Daytime phone	
Evening phone	
Mobile phone	
Email	
Address line 1	
Address line 2	
Address line 3	
Town	
Postcode	

Second referee	
Title	
Forename	
Surname	
Occupation	
Daytime phone	
Evening phone	
Mobile phone	
Email	
Address line 1	
Address line 2	
Address line 3	
Town	
Postcode	

3. Supplementary documents checklist

Please send the following documents with your signed application. We will only process the application when we have received them. Please check the boxes as required below.

Please include	✓
constitution or signed set of rules	
last year's annual accounts or financial statement signed by your treasurer	
copies of written quotes or catalogue pages, if asking us to fund equipment	
insurance details	
Equal Opportunities Policy, signed by your management committee	
Child Protection Policy, if applicable, signed by your management committee	
Vulnerable Adults Policy, if applicable, signed by your management committee	
documentation as proof, the applicant organisation is a 'start-up' trading within the first three months of business	

Please check	✓
you are not indebted to the council through Council Tax, business rates, BID levies, commercial waste, planning or rents	
if you are in receipt of any other grants issued from West Suffolk Council	
if you are subject to any enforcement action from West Suffolk Council	

If you have ticked any of the above, please detail below:	
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4. Declaration

1. I am authorised to make this application on behalf of this organisation.
2. I certify that the information contained in this application is correct.
3. If the information in the application changes in any way, I will notify the council.
4. I give permission to West Suffolk Council to contact other parties (specifically specialist advisors or experts and community referees) who will help the processing of this application.
5. I give permission for West Suffolk Council to record the information in this application electronically and to contact the organisation by telephone, post or email to discuss its activities and funding opportunities.
6. I understand that this application will not be considered until West Suffolk Council has received a signed application form and all required supporting documentation.
7. I understand that the details of this application may be considered by councillors in a public meeting. All non-personal and commercially sensitive information will be removed prior to publication of any public report.
8. Funding will not be used for any fraudulent or illegal activity or any practices which would bring West Suffolk Council into disrepute
9. I agree to publicise the support of public funds through West Suffolk Council on any publicity material relating to the funded project or activity and use the agreed style guide.

Signed		Date	
Print name		Position	

Please note: An ink signature is not required when the form is submitted from the main organisation email or the main contact's email. An electronic signature or typed name will suffice.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For more information, see [How we use your information](#)