

# GRANT AID APPLICATION FORM: PART 1

## A. Details of Your Organisation / Project / Individual

1. Name of Organisation

2. Contact Name

3. Address

Postcode

4. Telephone Day

Eve

5. Email

6. Fax

7. PROJECT NAME

## B. Status of Applicant

1. VAT registered? YES  NO  Registration Number

2. Please tick box, which describes your organisation (more than one may apply).

Individual

Parish Council or parish meeting

A management body set up under the terms of a charitable trust or some form of trust. If a Charitable Trust, please give details of:

Year of registration

Registration Number

An affiliated voluntary organisation e.g. a sports club

Please state to whom affiliated:

A registered company limited by guarantee, please give details of:

Year of registration

Registration Number

Part 1 form - must be completed by all applicants

A limited company, please give details of:

Year of registration

Registration Number

Sole trader

Other, please give details:

## C. Equality

We are required by the Race Relations (Amendment) Act 2000 to monitor the way in which our policies and programmes are put into practice to make sure they meet the needs of people from ethnic minorities.

If no paid staff or you are applying as an individual, you are not required to answer the questions below: - You may proceed to D.

Please write in the numbers of your paid staff against each ethnic category:

White	English <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	Other please write in .....	Irish <input type="checkbox"/>	Any other White background, please write in .....
Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other Mixed background, please write in .....		
Asian/ Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Asian background, please write in .....		
Black/ Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background, please write in .....			
Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other background, please write in .....				

2. How many of your paid staff have an impairment or have any specific needs?

## D. Location Address of Project

Site where proposed activity, building, facility, tree etc is to be located

## E. Checklist of Submissions

Please tick box: -

### **Community Fund**

- Environment & Heritage Projects
- Community Projects
- Minor grant (maximum £1,000)
- Service Level Agreement (£5,000 and over)
- Discretionary (£4,999 and under)

### **Business Support**

- Business Structural Improvement
- Business Improvement Grant

## F. Guidance Notes - Please Note

Your attention is drawn to the fact that you must read the Guidance Notes that are enclosed with your application form(s).

## G. Data Protection Act 1998



This information will be circulated to other Council Departments in order to assess and determine your bid. Details will be held on a central database and will be viewed by officers and members of the authority.

Your permission will be sought if we need to circulate the information contained in your application form to agencies / organisations outside of Mid Suffolk District Council e.g. Suffolk County Council, Suffolk ACRE, the Lottery etc.

## H. Declaration

Please ensure that this application is signed.

I declare that I am authorised to make this grant application on behalf of the above organisation and that the information given in it and in the enclosures is correct.

Signed

Name

(Please print)

Position

Date

## I. Returning Your Application

Please return the form(s) and enclosures to: -

Community Development Officer  
Cultural & Community Services  
Mid Suffolk District Council  
Council offices  
131 High Street  
Needham Market  
Ipswich  
Suffolk IP6 8DL  
[www.midsuffolk.gov.uk](http://www.midsuffolk.gov.uk)