## Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| Before submitting an application, we recommend that organisations contact the Grants Team and read our Criteria to confirm eligibility. Applicants are advised that projects which score under 50% on the Living Well in Winter Scoring Matrix will not be funded. All information, including contact details, Criteria and the Scoring Matrix, can be found on our webpage. [Find out more about Mid Suffolk District Council Community Grants](https://www.midsuffolk.gov.uk/web/mid-suffolk/w/mid-suffolk-district-council-funding-1). | | | |
| Organisation Name |  | | |
| Contact Name |  | | |
| Project Name |  | | |
| Is your project taking place in Mid Suffolk?  *If your project is taking place in Babergh, please* [*apply using our Babergh Form*](https://www.babergh.gov.uk/web/babergh/w/babergh-district-council-funding-1) | |  | |
| Project Address  *Address where the project is taking place* |  | | |
| Postcode |  | Phone Number |  |
| Email Address |  | Website |  |
| Organisation Address  *If different to the address where the project is taking place* |  | | |

## Organisation Status

|  |  |
| --- | --- |
| How is your organisation constituted?   * Parish Council, Town Council or Parish Meeting * Registered Charity or Trust * Community Interest Company * Community Benefit Society * Charitable Incorporated Organisation * Sports Club * Social Enterprise * Other (add detail below) | |
| Please specify from the above list: | |
| Charity Number, Companies House Number or Registered Trust Number if applicable |  |
| If a Community Interest Company, is your organisation limited by shares or guarantee (please specify)? |  |
| Date of Registration |  |

## Financial Information

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide information about your previous financial year end, and enclose a copy of your accounts alongside your application. | | | |
| Total Income | £ | Total Expenditure | £ |
| Surplus/carry forward into current financial year | £ | Total Grant Aid received in 2024/25 | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your organisation have reserves (Yes or No)? If yes, please detail below | |  | |
| Unrestricted | £ | Restricted | £ |

## VAT

|  |  |  |  |
| --- | --- | --- | --- |
| Can you reclaim VAT? |  | VAT Registration Number if applicable |  |

## Volunteering

|  |  |
| --- | --- |
| How many volunteers does your organisation have? |  |
| Will this application support additional volunteers? If so, how many? |  |
| Approximately how many volunteering hours per week are supported by your organisation? |  |

## Policies

|  |  |
| --- | --- |
| Does your organisation have the following policies in place? Yes, No, or Working Towards | |
| Equal Opportunities |  |
| Health and Safety |  |
| Adult and Child Safeguarding |  |

|  |  |
| --- | --- |
| Does your organisation serve all sectors of the community irrespective of political, religious belief, ethnic origin etc.? |  |

## Project Details

|  |
| --- |
| What is your project? Please be as specific as possible on what you will do and how you will do it |
|  |

|  |
| --- |
| How have you identified the need for your project? Please show why your project is needed and how the community has been involved in identifying said need |
|  |

|  |
| --- |
| As part of the [Mid Suffolk Plan](https://www.midsuffolk.gov.uk/documents/d/mid-suffolk/the-mid-suffolk-plan), we support projects which enable improved physical and mental wellbeing as well as addressing inequalities such as health and poverty.  How will this project help your community live well in winter, and what difference will it make? |
|  |

|  |
| --- |
| How many people will benefit from this project and how often? |
|  |

|  |
| --- |
| Are you working with any other organisations or groups in order to deliver this? If so, please detail them here. |
|  |

|  |  |  |
| --- | --- | --- |
| Using the boxes below, set out one outcome you hope to achieve as a result of our funding. Please use no more than 25 words to describe it.    If your application for funding is successful, it gives us an agreed framework within which we can monitor progress.    Your outcome should summarise what you want to achieve from your Grant. This could be specific to an activity, or relate to your overall aims. Your outcome should align to our priorities for the Living Well in Winter Grant:   * Support people to manage their finances * Support access to recreational activities * Support people to make new connections * Support new physical activities or activities for previously inactive people   Please also provide no more than 2 progress indicators for your outcome, each of which to be described within one sentence.  An indicator defines how a piece of information can be assessed or measured to show whether outcomes have been met. | | |
| **Outcome 1** | **Outcome** |  |
| Indicator 1 |  |
| Indicator 2 |  |

## Timeline

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated project start date: |  | Estimate project end date:  *Project needs to complete by 1st April 2026* |  |

## Costs and Amount Applied For

|  |  |
| --- | --- |
| Please provide a breakdown of project costs. | |
| Cost | £ Amount |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Net Cost | **£** |
| VAT | **£** |
| Total Cost | **£** |
| **How much are you applying for from the Living Well in Winter Grant?** | **£** |

## Additional Documentation

|  |
| --- |
| Please submit alongside your application form any documentation that may assist us in assessing your application. This includes quotes and accounts. Other documents you may wish to provide include but are not limited to:   * Community Surveys * Parish Council support * Business/Project Plan |

## Declaration

Please ensure that this application is signed and dated.

I declare that I am authorised to make this Grant application on behalf of the above organisation and that the information given is correct and complete.

I understand that a member of the Grants Team may contact me if information is missing.

I understand that you will use the information I have provided to assess and process the Grant application. You may check some of the information with other sources within the Council, other Councils and Government departments. You may also get information from other organisations to make sure the information is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Name |  |
| Position |  | Date |  |

## Completed Forms

Please return the completed form by email to [BMSDCGrants@baberghmidsuffolk.gov.uk](mailto:BMSDCGrants@baberghmidsuffolk.gov.uk)

Alternatively, please return by post to the following address:

The Grants Team - Communities

Babergh and Mid Suffolk District Councils

Endeavour House

8 Russell Road

Ipswich

IP1 2BX

## Data Protection Notice

Any personal information processed by Babergh and Mid Suffolk District Council arising from Community Grant Fund Application will be protected in accordance with the Data Protection Act 2018.  For more information on how we process your personal information or for information regarding Babergh and Mid Suffolk Councils’ Data Protection Policy and your right to information go to [Privacy Policy - Mid Suffolk District Council - baberghmidsuffolk.com](https://www.midsuffolk.gov.uk/privacy-policy1)

If you are part of the Voluntary, Community and Social Enterprise (VCSE) Sector further support is available from Community Action Suffolk (CAS) - [Home - Community Action Suffolk](https://www.communityactionsuffolk.org.uk/)