## Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| Before submitting an application, we recommend that organisations contact the Grants Team to confirm eligibility. Applicants are advised that projects which score under 50% on the Pride in Your Place Scoring Matrix will not be funded. All information, including contact details and the Scoring Matrix, can be found on our webpage: [Mid Suffolk District Council Funding - Mid Suffolk District Council - baberghmidsuffolk.com](https://www.midsuffolk.gov.uk/web/mid-suffolk/w/mid-suffolk-district-council-funding-1) | | | |
| Organisation Name |  | | |
| Contact Name |  | | |
| Project Name |  | | |
| Project Address  *Address where the project is taking place* |  | | |
| Is your project taking place in Mid Suffolk?  *Pride in Your Place Grants can only be applied for by organisations based in Mid Suffolk.* | |  | |
| 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 * 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 |  |

## Project Details

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

## Your Community

|  |
| --- |
| 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 |
|  |

## Project Beneficiaries

|  |
| --- |
| What difference will this project make to your community? |
|  |

## Priorities

|  |
| --- |
| [The Mid Suffolk Plan](https://www.midsuffolk.gov.uk/documents/d/mid-suffolk/the-mid-suffolk-plan) outlines the priorities of Mid Suffolk District Council. All funding awarded by the Council aligns to one or more of our priorities.  Using the Plan as a guide, please select which Mid Suffolk District Council priority, or priorities, your project aligns to. |
| *Example*  ***Community Wellbeing***   * *Promoting greater pride in your place* |
| **Priority** |
| 1) |
| 2) |
| 3) |

## Outcome and Indicators

|  |  |
| --- | --- |
| Using the boxes below, set out one outcome with progress indicators (an indicator defines how you will assess or measure the outcome) which describes what this funding will help you to achieve.  The outcomes and progress indicator should align with Mid Suffolk’s priorities.  If your application for funding is successful, it gives us an agreed framework within which we can monitor progress.  Example outcomes and indicators from a range of previously successful Grant applications can be found on our website here: [example outcomes and indicators](https://www.babergh.gov.uk/documents/d/babergh/2024-25-example-outcomes-and-indicators-pdf). | |
| **Outcome** |  |
| Indicator 1 |  |
| Indicator 2 |  |

## Timeline

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated project start date: |  | Estimate project end date:  *Project needs to complete within 6 months of an offer being accepted* |  |

## Costs

|  |  |
| --- | --- |
| Please provide a breakdown of project costs. | |
| Cost | £ Amount |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Net Cost | **£** |
| VAT | **£** |
| Total Cost | **£** |

## Funding

|  |  |  |  |
| --- | --- | --- | --- |
| How much are you applying for? | | **£** | |
| Bank Account Name:  *To correspond with the organisation name above* | |  | |
| Bank Account Number: |  | Sort Code: |  |

## 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), or 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 - babergh.gov.uk / midsuffolk.gov.uk](https://www.midsuffolk.gov.uk/privacy-policy1)