

For office use only:

Date Received	App Number	District
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Grant Application Form (for Development and Project Grants exceeding £500)


Before completing this form, please read our guidelines, which are available on: www.suffolkfoundation.org.uk. The information on this form will help us process your application more quickly. We hope you will find it quite easy to complete, but if you have any questions, please give us a ring on **01473 734123**.

Please return your completed, signed form and supplementary documents to: The Suffolk Foundation, Old Reading Rooms, The Green, Grundisburgh, Woodbridge, Suffolk IP13 6TA. We will greatly appreciate receiving an electronic copy of the application (but not the supplementary documentation), so if possible, please email the application to enid.kimes@suffolkfoundation.org.uk. Please note that the Suffolk Foundation is a registered charity (1109453) and a company limited by guarantee (5369725).

Organisation's name (and previous names)
Organisation's website

Contact person	Title (Mr, Mrs, Miss, Ms, Dr)
Position in organisation	

The contact person must be able to talk about the organisation and grant application in detail.

Daytime telephone	Email
Evening telephone	

If you a professional fundraiser, what is your fee?

Organisation's address (this box must be completed)
Postcode

Address for correspondence (if different)
Postcode

2 nd Contact person	Title (Mr, Mrs, Miss, Ms, Dr)
Position in organisation	

Daytime telephone	Email
Evening telephone	

About your organisation

What local authority/authorities does your organisation work in?
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What is the status of your organisation?

- A registered charity
- Applying for charitable status
- A company limited by guarantee

Charity number

Other (please state)

Is your organisation a branch of a larger charity? If yes, please state which:

You do not need to be a registered charity to apply, but you do need to enclose your constitution or a signed set of rules for your organisation.

Please tick all categories that apply to your organisation.

How many people are involved in your organisation?

Management Committee

Members (if applicable)

Service Users

Volunteers (non-management)

Paid staff (full-time)

Paid staff (part-time)

Other people (please explain)

When did your organisation start?

What is the purpose of your organisation?

Please briefly describe why your organisation was set up, what its aims and objectives are and who primarily benefits from your organisation's work.

Who does your organisation serve and what issues does it address?

- | | |
|---|--|
| <input type="checkbox"/> Early Years (age 0-4) | <input type="checkbox"/> Migrant Workers |
| <input type="checkbox"/> Children (age 5-12) | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Young People (age 13-18) | <input type="checkbox"/> Sex Workers |
| <input type="checkbox"/> Young Adults (age 19-25) | <input type="checkbox"/> Arts and Culture |
| <input type="checkbox"/> Seniors (age 65+) | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Ethnic Minorities | <input type="checkbox"/> Community Support and Development |
| <input type="checkbox"/> People with Learning Issues | <input type="checkbox"/> Disability and Access Issues |
| <input type="checkbox"/> People with Disabilities Issues | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> People with Health Issues | <input type="checkbox"/> Environment/Recycling |
| <input type="checkbox"/> People with Mental Health Issues | <input type="checkbox"/> Health and Wellbeing |
| <input type="checkbox"/> Dependency/Addiction | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Long-term Unemployed | <input type="checkbox"/> Poverty and Disadvantage |
| <input type="checkbox"/> NEET | <input type="checkbox"/> Racial and Cultural Integration |
| <input type="checkbox"/> Disadvantaged/Low Income | <input type="checkbox"/> Rural Issues |
| <input type="checkbox"/> Homeless People | <input type="checkbox"/> Social Enterprise |
| <input type="checkbox"/> Lone/Teenage Parents | <input type="checkbox"/> Social Inclusion |
| <input type="checkbox"/> Families | <input type="checkbox"/> Sport and Recreation |
| <input type="checkbox"/> Ex-Offenders/Prisoners | <input type="checkbox"/> Supporting Family Life |
| <input type="checkbox"/> People in Rural Areas | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Refugees/Asylum Seekers | <input type="checkbox"/> Other (please specify) |

Please tick all categories that are applicable to your organisation.

Does your organisation have the following written policies?

- | | | |
|---------------------|------------------------------|-----------------------------|
| Equal Opportunities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vulnerable Adults | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

About your organisation's finances

What was your organisation's total income for last financial year?

What was your organisation's total expenditure for last financial year?

What are your organisation's current unrestricted reserves or savings?

Does your organisation have its own bank account? Yes No

Do you have at least two **unrelated** cheque signatories? Yes No

If a grant is awarded, who should the cheque be made payable to?

Please provide all financial data from your organisation's latest audited accounts.

Please note that cheque signatories can not be related (e.g., husband and wife, mother and son). Please enter the exact name that appears on your organisation's cheque book. A cheque cannot be made payable to an individual.

About the project your organisation is seeking a grant for

What is the purpose of the project your organisation is seeking a grant for? What objectives will this funding help you achieve and what do you plan to do with the grant?

Please describe the details of the project.

Why is this project needed?

Please tell us where the idea for the project came from and about any feasibility study, community consultation or other evidence of need that you have collected.

When will the project start?

When will the project finish?

Or is the project ongoing?

Please remember that it may take up to three months for your application to be fully processed.

How many people do you expect to benefit directly from the project on either a weekly, monthly or annual basis?

Please give us your best estimate and state whether the benefits are on a weekly, monthly or annual basis.

Are you working with other organisations on this project? Yes No

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

Please include the names of any community, voluntary or statutory organisations and/or partnerships that you are working with.

What outcomes do you expect to see as a result of a grant and how do these relate to the Suffolk Single Gateway criteria and outcomes?

An example of an outcome is that the grant will enable you to deliver your service to a wider user group (e.g., serving more meals and/or befriending more people.)

What is the cost of the project?

Please provide a breakdown of the total cost of this project, including VAT, if applicable. Please enclose quotes, where possible.

Item or Activity	Cost £
Total cost of items listed above:	

How much of a grant are you applying to us for?

Please remember that The Suffolk Foundation's grants range from £500 to £2,000.

What funds have you raised so far for this project?

Source	Amount £
Total fundraising:	

What other funders have you applied to for further funding for the project?

Funder

Amount £

If this is an ongoing project, how will it be funded and sustained when the grant ends?

About your organisation's independent referees

Name

Title (Mr, Mrs, Miss, Ms, Dr)

Occupation

Daytime Telephone

Email

Address (this box must be completed)

Postcode

Please provide two referees. Your referees should know your group well and be able to support your grant application. Please note that a referee cannot be a member of your management committee, a volunteer or a user of your organisation.

Name

Title (Mr, Mrs, Miss, Ms, Dr)

Occupation

Daytime Telephone

Email

Address (this box must be completed)

Postcode

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 Suffolk Foundation.
4. I give permission to The Suffolk Foundation to contact other parties (specifically specialist advisors/experts and community referees) who will help the processing of this application.
5. I give permission for The Suffolk Foundation 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.

Signed

Date

Supplementary documents checklist

Please enclose the following documents with your signed application before posting it to us. We will only process the application when we have received them. Please use the tick boxes to confirm the documents are enclosed.

- Constitution or signed set of rules
- Up-to-date, audited annual accounts or financial statement signed by your treasurer
- Copies of written quotes or catalogue pages, if asking us to fund equipment
- Latest annual report, if you have one
- Business plan, if you have one
- 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

Please note that, to keep administration costs to a minimum, we prefer to email acknowledgements for receipt of applications and all of supplementary documents. If you would rather receive postal acknowledgement, please enclose a stamped self-addressed envelope with your application.

Please retain a copy of your application for your records.

Please check that the envelope containing your application and all of the supplementary documents has correct postage on it.

Three last questions

Will you give us permission to use your organisation for publicity? Yes No

Where did you hear about The Suffolk Foundation?

We are sometimes asked by other funders to recommend projects for funding. Are you happy for us to pass this application, if appropriate to another potential funder for consideration without further reference to you? Yes No