Area Committee Funding Application

**PART 1 - Overview**

Short description of your project (Max 60 words)

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Amount of funding requested

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**PART 2 - About your group**

Name of Organisation/Group:

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Address:

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Name of person completing application:

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| --- |
|  |

Contact Address (if same as above leave blank):

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|  |

Telephone Number:

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E-mail Address:

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Type of organisation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Constituted Group | Charity | Community Interest Company | Not for Profit | Private company |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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Charity Number:

(if applicable)

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Company Number:

(if applicable)

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Date organisation established:

 What does your organisation do? Please outline the vision, values and main activities:

(Max 500 words)

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Does the organisation/group have a recognised governing document e.g. constitution, memorandum etc.?

Yes [ ]  (please attach) No [ ]

Does the organisation/group have a committee with at least three members?

Yes [ ]  No [ ]

Does the organisation have a bank account in the organisation/group’s name?

 Yes [ ]  No [ ]

Has your group/organisation previously received Area Committee funding for the same or similar project in the last 3 years? Yes [ ]  No [ ]

If yes, please provide the amount and date received:

|  |  |
| --- | --- |
| Date | Amount (£) |
|  |  |
|  |  |

Are you registered on **InfoLink**? If not, think about joining the single directory for Community & Voluntary Sector services and groups in Suffolk. It’s quick and free to register. Find out more here.

<https://infolink.suffolk.gov.uk/>

**PART 3 – Why is your project needed?**

What is the need for your project? Who will be helped?

Please relate this to the relevant [Area Committee Action Plan](https://www.ipswich.gov.uk/content/area-committee-funding)

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What evidence do you have of this need?

*Please include results of any consultation*

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**PART 4 – How will your project work?**

Please describe your project and how it meets the need (max 500 words)

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What risks have you identified for your project and how will you manage them?

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Does the organisation/group have a safeguarding policy in place?

Yes [ ]  (please attach) No [ ]  Not applicable[ ]

How many beneficiaries will benefit from the project?

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How will potential beneficiaries be made aware of the project?

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How will your project affect people from different backgrounds? Have you considered how to make your project fair for everyone in relation to the Equality Act of 2010?

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Please describe how you will minimise the environmental impact of your project

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**PART 5 – Costs & Funding**

Please provide a breakdown of project costs and enclose quotations from suppliers where applicable:

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| --- | --- |
| **Description of expenditure** | **Cost (£)** |
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|  |  |
| Total project costs |  |
| Total amount requested from Area Committee |  |

Please attach any quotations obtained for large purchases

How will any remaining costs be met?

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Please show in the table below how much funding you have already secured or are currently applying for towards the project:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Funder** | **Amount of funding requested** | **Granted (yes/no)** | **Waiting for outcome** **(yes/no)** |
|  |  |  |  |
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How will the project be sustained after the funding has been spent?

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**PART 6 – Supporting Information**

Please attach your supporting documents as appropriate to your application

**All Grants**

[ ]  Recognised governing document e.g. constitution, memorandum, Charity or Community Interest Company registration etc.\*

[ ]  Proof of bank account in the name of the organisation (e.g. bank statement or letter) \*

[ ]  Results of consultation (if applicable)

[ ]  Safeguarding policy (if applicable)

[ ]  Quotations for project costs (if applicable)

**Medium & Large Grants** (£1,000 over)

[ ]  Yearend accounts \*

If no yearend accounts are available (for instance if you are a new group), please provide a copy of your accounts to date and a scan of your latest bank statement

**Large Grants** (£5,000 and over)

[ ]  Business plan or similar document setting out your plan to sustain your organisation & project.\*

\* required, as appropriate to grant size.

**PART 7 – Monitoring your success**

The Area Committee will require progress reports during the life of the project, what methods will the organisation use to measure success of the project?

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**PART 8 – Terms & Conditions**

Any misleading, incorrect statement, or fraudulent action or statement at any stage of the application process, whether deliberate or accidental, may render the application invalid and require the repayment of Area Committee Funding in full if paid or the withdrawal of the Area Committee Funding offer.

Applications found to be fraudulent will be reported to the police.

The Area Committee Funding will be used for the purpose set out in the approved report or as amended with the agreement of the Area Committee and the applicant organisation.

Any Area Committee Funding awarded will not be increased in the event of an over spend.

Applicants should note that the award must be acknowledged as Ipswich Borough Council Area Committee Fund and must comply with any reasonable requests relating to publicity.

Any organisation awarded Area Committee Funding shall be subject to monitoring, which could involve site visits and the collection of statistics.

The applicant will forward to the Communities Team, performance information within 6 months or on completion of the project. Failure to submit this information may render the applicant ineligible for further Area Committee Funding and may be asked to repay the funding in part or full.

We confirm that all staff / volunteers working with children, young people or vulnerable adults have had the relevant DBS checks completed (applicable where appropriate).

Area Committee monitoring and evaluation helps us to ensure that funding is spent in accordance with Area Committee guidelines. You will be sent a link to an online form following the completion of your project, or bi-annually until your project is complete.

**Please note that your declaration conﬁrms that you have read and accepted the terms and conditions for Ipswich Council Area Committee Funding.**

We require the signatures of two people authorised to sign on behalf of your group (that are not directly related to each other).

## Signatures

We, the undersigned, on behalf of the applicant organisation/group understand and agree that:

* We are authorised to complete this application on behalf of our organisation/group.
* We have the power to accept the Area Committee funding awarded to our organisation/group subject to the terms and conditions listed and the power to repay the Area Committee Funding in the event of any funding condition not being met.
* This funding application falls within the objectives of our group or organisation.
* All staff / volunteers working in a position of trust with children, young people or vulnerable adults have had the relevant DBS checks completed.

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| --- | --- |
| Signed by authorised signatory (1): | Signed by authorised signatory (2): |
| Date: Name: Position:  | Date: Name: Position:  |

Please return your completed form to the Community Engagement team at Ipswich Borough Council:

e: communities@ipswich.gov.uk