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| **APPLICATION FORM Part A****Suffolk Climate Action Community Match Funder** |
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Before completing this form, please read the Guidelines on the Green Suffolk website.

**If you have any questions relating to this form please contact** **jess.miller@suffolk.gov.uk**

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| **Your Organisation** |
| Name of Organisation |  |
| Address (inc postcode) |  |
| Website and social media links |  |
| When did your organisation start?  |  |
| Which Local Authority is your organisation in?  | Choose an item. |
| What is the status of your organisation?  | Choose an item. Or Other: Click or tap here to enter text. |
| Charity, company, or IPS number (if applicable) |  |
| **Number of People in Your Organisation** |
| Members  |  |
| Management Committee  |  |
| Full time staff  |  |
| Part time staff |  |
| Service users |  |
| Volunteers and Helpers (non-management) |  |
| **Details of Main Contact Person** |
| Name |  |
| Role  |  |
| Phone number |  |
| Email address |  |
| Address (inc postcode) |  |
| **Details of Second Contact Person** |
| Name  |  |
| Role  |  |
| Phone number |  |
| Email address |  |
| Address (inc postcode) |  |
| **Your Organisation’s Finances** |
| What was your organisation’s total income for the last financial year? | £ |
| What was your organisation’s total expenditure for the last financial year? | £ |
| Does your organisation hold more than 6 months running costs in reserve?  | [ ]  Yes [ ]  No |
| What are your organisation’s current unrestricted reserves or savings? | £ |
| **Project Dates**  |
| Project start date  | Click or tap to enter a date. |
| Project expected end date (or is it ongoing?) | Click or tap to enter a date. |
| How many people do you expect to benefit directly from the project on either a weekly, monthly, or annual basis? |  |

What is the purpose of your organisation? Please describe why your organisation was set up, what its aims and objectives are, and who primarily benefits from your organisation.

Please describe the project that the grant would help fund and the need that the project is addressing. Please be specific in your response and relate it to the criteria in the Guidelines. (500 words max)

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

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

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

What outcomes (including targets/numbers) do you expect to see as a result of the grant and how do these relate to the specific Suffolk Climate Emergency Plan? Please supply supporting evidence to justify your expectations, such as additional documents.

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| **Project Finances**  |
| Total cost of project  | £ |

Please provide a full breakdown of the total cost of this project, including VAT if applicable

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| Item or Activity  | Cost (£) |
| Eligible items/activity: |
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| Total cost of eligible items/activity: |  |
| Ineligible items/activity: |
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| Total cost of ineligible items/activities: | £ |
| Total cost of eligible and ineligible items/activities: | £ |

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| **Grant**  |
| How much grant from the Match Fund are you applying for? (You can apply for up to 50% of the total costs of your project) | £ |

Please list the confirmed funds you have raised so far for the project and their source:

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| --- | --- |
| Source  | Amount (£) |
|  |  |
| Total fundraised:  |  |

How much confirmed support in the form of volunteer time have you secured so far for this project and who is involved? (This question is only applicable if volunteers are involved in the project delivery.)

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| Name of volunteer group(s) providing time (this can be your group, and/or others involved in the delivery of the project) | Time (hours) | Value (£) (Apply £20 per hour of volunteer time.) |
|  |  |  |
| Total:  |  |  |

Once completed, please email this form **and Part B** to jess.miller@suffolk.gov.uk.