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| **APPLICATION FORM Part B****Suffolk Climate Action Community Match Funder** |
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Before completing this form, please complete the **Application Form Part A.**

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| **Your Organisation’s Bank Details** (If you are successful, we will make payment by BACS) |
| Name of bank/building society |  |
| Account name |  |
| Account number |  |
| Sort code |  |
| Address of account |  |
| **Your Organisation’s Independent Referees** |
| * You must provide us with details of TWO independent referees who do not live at the same address.
* Each referee must be a person with a professional or public position whose status we can check.
* They must be completely independent of your organisation but know its work well and know about the project for which you are requesting funds.
* Please do not give the details of a relative, friend, partner, another member of the group, or anyone who would benefit from a grant being awarded to your project.

All information provided will be kept in accordance with our data protection policies (at end of form). |
| First Referee |
| Name |  |
| Occupation |  |
| Phone number  |  | Email address  |  |
| Address (inc postcode) |  |
| Second Referee |
| Name |  |
| Occupation  |  |
| Phone number |  |
| Email address |  |
| Address (inc postcode) |  |
| **Additional Questions** |
| If successful in your grant, do you give permission for your organisation to be used in future publicity?  | Choose an item. |
| If successful, do you agree to promote Creating the Greenest County and the Suffolk Climate Action Community Match Funder wherever possible?  | Choose an item. |
| Where did you hear about the Match Funder? |  |

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 Suffolk County Council.
4. I give permission to Suffolk County Council to contact other parties (specifically specialist advisors/experts and community referees) who will help the processing of this application.
5. I give permission for Suffolk County Council to record the information in this application electronically and to contact the organisation by telephone or email to discuss its activities and funding opportunities.
6. I understand that this application will not be considered until Suffolk County Council has received a signed application form and all required supporting documentation.

By signing below, you confirm that you have read and accepted the declaration and the Suffolk County Council privacy notice above.

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| Full Name: |  |
| Signature: | *Enter your name above only if you agree to be bound by the terms set out in this form. We will treat this as your signature on the form.* |
| Position: |  |
| Date: |  |

Once completed, please email this form **and Part A** to jess.miller@suffolk.gov.uk as well as the following supplementary documents:

* Constitution or signed set of rules
* Last year's annual accounts or financial statement signed by your Treasurer
* Copies of written quotes or catalogue pages, if asking us to fund equipment

Data Protection

* The information you have supplied is being collected to allow us to process your application for the Match Funder Grant. By completing this form, you consent to Suffolk County Council using your information in this way. If you do not provide your consent, we will not be able to process this application.
* Your information will not be used for any other purpose unless we obtain your consent or unless permitted by law.
* Due to corporate retention requirements for financial information, your information will be retained for 7 years.
* Data will be processed and held securely and in accordance with the UK GDPR.
* Further information about data protection and the full privacy notice can be found on the Suffolk County Council Website: <https://www.suffolk.gov.uk/about/privacy-and-data-protection>