**For office use only:**

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| **Date received** | **App number** | **District** |

**SUGAR REDUCTION FUND APPLICATION FORM**

**For PTAs or Friends of Schools/PRUs which can encourage a reduction in sugar intake and a healthier lifestyle to access a budget of up to £1,000 for projects:-**

* That address the 10-point sugar reduction plan
* That are child or young person led
* That can show sustainability
* Where the young people are aged between the ages of 5-18
* That use alternative methods to promote their work

Please return your completed and signed form to:

Suffolk Community Foundation

The Old Barns

Peninsula Business Centre

Wherstead

IPSWICH

Suffolk IP9 2BB.

If you have any questions, please call us on 01473 602602.

Suffolk Community Foundation is a registered charity (1109453) and

a company limited by guarantee (5369725).

Name of your PTA/Friends of:

School address details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address Ln1 |  | | | | |
| Address Ln2 |  | | | | |
| Address Ln3 |  | | | | |
| City/Town |  | | | Postcode |  |
| Main phone |  | E-mail |  | | |
| Website |  | | | | |

|  |  |
| --- | --- |
| Main contact (We will use these details for correspondence) | |
| Title |  |
| Forename |  |
| Surname |  |
| Role |  |
| Daytime Tel No. |  |
| Evening Tel No. |  |
| Fax No. |  |
| Mobile No. |  |
| Email |  |

**Your ideas**

Please describe why you are applying for funding.

What do you intend to do with the money if your PTA/Association is successful? (No more than 200 words.)

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What difference will this money make to your school and reducing sugar intake?

What do you hope to achieve (3 measurable outcomes ie. young people to create a campaign by xxxx)?

(No more than 200 words.)

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How did the young people get involved with this project and determine the need? How many young people were involved in the creation of this project and how many will be involved in the delivery/become beneficiaries? (300 words)

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Please outline, in no more than 200 words, how your ideas help to address the 10-point sugar reduction plan.

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How will this become sustainable once the grant funding has been spent? (150 words)

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Please outline how you intend to spend your funds, if your application is successful. Please ensure you keep receipts as proof of spend

|  |  |
| --- | --- |
| Item / activity | Cost (£) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

How will you determine/measure whether your idea and/or activity has been a success?

What metrics or criteria will you use? (No more than 200 words)

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**Section two: finances**

Payment will be made to the PTA/Friends of Association. Please supply the relevant bank details below:

**Details of bank account**

|  |  |
| --- | --- |
| Bank account name |  |
| Bank account number |  |
| Bank sort code |  |
| Bank name and branch |  |

Please supply a copy of the most recent statement (no more than six months old).

**Declaration**

* I am authorised to submit this application on behalf of the PTA/Association, and certify that the information enclosed is correct.
* I understand the PTA/Association will be required to monitor the grant and, once spent, will provide a report which will include case studies, photos and an explanation and description of the outcomes. This report must be provided no later than one year after receipt of payment.
* All promotion must include SCC and SCF logos, available on request from SCF.
* All money will be held within the accounts, ring fenced solely for the use of this proposal.
* By submitting this form, we give SCF permission to hold the data and use it in its marketing and reporting.
* I accept that SCC or SCF staff may visit any activity.

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| --- | --- | --- | --- |
| Signed (applicant) |  | Date |  |
| Name (please print clearly) |  |  |  |
|  |  |  |  |
| Signed (headteacher) |  | Date |  |
| Name (please print clearly) |  |  |  |
|  |  |  |  |