



Sizewell C Community Fund

Small Grants Programme

Section 1 - Your Organisation

Organisation Name and Address Details

Full legal name of your organisation, as it appears on your governing document
Any other operating or trading names that your organisation is known as (if applicable)
Address of your organisation
Building Name/Number and Street
Town/City
Postcode
Website
Telephone
General/Office Email

Main Contact Person

These are the details that will be used for correspondence purposes.

Title
Forename(s)
Surname
Job title
Work/Office Phone
Mobile Phone
Email



What type of organisation are you?

Select as many as appropriate

Registered charity
Company limited by guarantee
Unincorporated club or association
Community interest company
Charitable Incorporated Organisation
VAT Registered
Other

Organisation Start Date

When was your organisation founded or registered?

Month
Year

Are you part of a larger regional or national organisation?

For example, are you a local branch/division of a national organisation?

Yes
No

Aims & Purpose of the Organisation

Please describe the overall aims and objectives of your organisation and the activities or services your organisation provides

- Up to 5 bullet points which summarise the aims and main activities of your organisation

Maximum wordcount: 250

Organisation's Financial Information

Please complete these based on your whole organisation's financial information

Total Income over last financial year
Annual Expenditure over last financial year
What are your current Unrestricted Reserves?



Staffing and volunteers

How many of each of the following are involved in the organisation?

Full time staff / workers
Part time staff / workers
Management committee/trustees/directors
Volunteers (excluding management committee)

FIRST TIME APPLICANTS ONLY - Reference Details

If your organisation has NOT previously received a grant from Suffolk Community Foundation, please provide details of an organisation we can approach for a reference for you. They must know your organisation well and have recently worked with you.

Referee organisation or company name
Referee first name
Referee surname
Referee position or job title
Referee email
Referee phone number

Section 2 - Your Project

Project name
Which local authority will the activity take place in? East Suffolk
What is the postcode of where your project will take place?
Which areas (village, town, parish, road, estate) will the project benefit?
When will your project start?
When will your project end? (if applicable)

What IMPACTS or OPPORTUNITIES created by the construction of Sizewell C is your project or activity addressing?

Maximum wordcount: 400

What NEED or WANT have you identified in the community as a result of this impact or opportunity?

Maximum wordcount: 400



Tell us about the project or activity that you're seeking this grant funding for

Maximum wordcount: 500

COMMUNITY SUPPORT - Tell us how the community is supportive of, and is involved with, your project

Maximum wordcount: 400

Is this project already up and running?

Yes/No

What will success look like for you project? Include 3 EXPECTED OUTCOMES for your project

Maximum wordcount: 400

List how you'll MEASURE YOUR SUCCESS against these 3 expected outcomes

Maximum wordcount: 400

What will happen to your project at the end of the grant period?

Maximum wordcount: 300

Section 3 - Impact

Which category best describes the impact your project will have?

Improve life skills, education, employability and enterprise
Promote reduction of isolation and disadvantage and access to local services
Connect people with the arts, culture and heritage Transform access to, and engagement with, the environment and public spaces
Maximise ability to strengthen community cohesion and build social capacity
Advance people's physical and mental health, wellbeing and safety

Which theme best describes the impact your project will have

Develop life skills
Offer training and work opportunities
Encourage safety and resilience
Keep people safe and well
Help people to find and keep a home
Provide access to services in rural areas
Enable disabled people
Assist families in need
Bring people together
Promote access to arts, culture and nature

Beneficiaries

How many people will directly benefit from this project or activity funding?

Primary Beneficiary - Select a single option to represent the primary beneficiary group for this grant

Black, Asian and minority ethnic	People with alcohol/drug addictions
Carers	People in care or suffering serious illness
Children and young people	People with learning difficulties
Ex-offenders/offenders/At risk of offending	People with low skill levels
Families/Parents/Lone parents	People with mental health issues
Homeless people	People with multiple disabilities
Lesbian, gay, bisexual and transgendered groups	People with physical difficulties
Local residents	People living in poverty
Long-term unemployed	Refugees/asylum seekers /immigrants
Men	Victims of crime/violence/abuse
Not in education, employment and training (NEET 16-24)Older people	Women

Please list any other beneficiary groups who will benefit from your grant

Ethnicity

Primary ethnic group - select a single option to represent the primary ethnic group for this grant

White	Asian and Asian British
White British	Indian
White Irish	Pakistani
White East European	Bangladeshi
White Gypsies and Travellers	Other Asian
Other White	Black and Black British
Mixed	Caribbean
Black Caribbean and White	African
Black African and White	Other Black
Asian and White	Chinese or other group
Other Mixed Ethnicity	Chinese
All ethnicities	Any other

Please list any other ethnic groups who will benefit from your grant:

Issues

Primary issue - select a single option to represent the primary issue that will be addressed by this grant

Arts, culture and heritage	Homelessness Housing
Anti-social behaviour	Language, culture and racial integration
Bullying	Mental health
Caring responsibilities	Offending/At risk of offending
Stronger communities/Community support and development Counselling/Advice/Mentoring	Poverty and disadvantage
Crime and safety	Refugees/Asylum/Immigration
Disability and access issues Domestic violence	Religion
Economy	Renewable energies and recycling
Education, learning and training	Rural issues
Employment and labour	Sexual abuse
Emergency/Rescue services	Social inclusion and fairness
Environment and improving surroundings	Sport and recreation
Financial exclusion and financial illiteracy Gangs	Stigma/Discrimination
IT / Technology	Substance abuse and addiction Supporting family life
Harmful practice	Violence and Exploitation
Health, wellbeing and serious illness	

Please list any other issues that will be addressed by this grant

Please indicate the primary age group that will benefit from this grant

Early years (0-4)
Children (5-12)
Young people (13-18)
Young adults (19-25)
Adults (26-65)
Seniors (65+)
All ages

Please list any other applicable age groups for your grant.

Section 4 - Project Budget, Supporting Documents and Declaration

Project Budget

Is your organisation registered for VAT? Yes - Only include VAT in your project costs below if you CANNOT claim it back from HMRC.
What is the total cost of the project?
How much has been raised so far?
Please give details of where the funding raised so far has come from, if applicable
How much are you applying to us for, in total?
Are you in the process of applying for other funding for this project? Yes/No
<ul style="list-style-type: none"> Please provide details of the other funding you are seeking, if applicable

MULTI-YEAR FUNDING REQUESTS ONLY - Year 1, 2, and 3 Costs

Please break down the total amount you're asking us for, by year. If you're not seeking multi-year funding, you can leave this section blank

Year 1 - amount applied for
Year 2 - amount applied for
Year 3 - amount applied for (if applicable)

Bank Details

Please provide your organisation's bank account details, we'll pay your grant award to this account

Account holder's name
Bank name
Bank sort code
Bank account number
Please tick if your organisation's bank account requires 2 signatories to authorise every withdrawal, including for online banking
Names of signatories and their home postcodes

Any other information

Is there anything else you'd like to tell us about your application?

Maximum wordcount: 300

Supporting Documents

Please attach [the following documents](#) to your application using the 'Attachments' button at the bottom of this page. We will not be able to process your application until all these documents are received. If you have sent these to us within the last year, there is no need to supply them again unless they have been updated. We always need a copy of your latest accounts. Only one document can be attached to each section. Please email any additional documents to sizeofwellc@suffolkcf.org.uk

No.	Document	Requirements	Age	Applicable to
1.	Governing Document	<ul style="list-style-type: none"> At least 3 unrelated trustees or directors, living at different addresses Aims and objectives that match with project or activity that funding is being requested for Dissolution/winding-up – assets must go to a similar organisation, and not shared between members/shareholders For CICs, Articles of Association should contain a named Asset Lock 	N/a	Everyone
2.	Annual Accounts	<ul style="list-style-type: none"> Solvent Unrestricted reserves usually less than 12 months operating costs (contact us to discuss if this isn't the case) 	Last published accounts for financial year	Everyone (unless new organisation less than 18 months old)
3.	Management Accounts	<ul style="list-style-type: none"> Covering period between last set of accounts to now Full breakdown of income, expenditure and reserves and expected cashflow for remainder of current financial year 	Within last 1 month	Only if Annual Accounts are older than 6 months
4.	Bank Statement (or Paying-in Slip)	<ul style="list-style-type: none"> Sort-code and account number shown must match the details entered in this application Name and address shown matches registered company/charity details and those entered in this application 	Within last 3 months	Everyone

Please attach [the following documents](#) to your application using the 'Attachments' button at the bottom of this page. We will not be able to process your application until all these documents are received. If you have sent these to us within the last year, there is no need to supply them again unless they have been updated. We always need a copy of your latest accounts. Only one document can be attached to each section. Please email any additional documents to sizewellc@suffolkcf.org.uk

No.	Document	Requirements	Age	Applicable to
5.	Safeguarding Adults at Risk Policy & Procedure	<ul style="list-style-type: none"> Designated Safeguarding Lead(s) (DSL) contact names and telephone numbers Types of abuse Signs of abuse How to report concerns Safe recruitment practices/policy Staff and volunteer training 	Within last 12 months (and not overdue for review)	Everyone (can be combined Adults and Child policy)
6.	Safeguarding Children Policy & Procedure	<ul style="list-style-type: none"> Designated Safeguarding Lead(s) (DSL) contact names and telephone numbers Types of abuse Signs of abuse How to report concerns Safe recruitment practices/policy Staff and volunteer training 	Within last 12 months (and not overdue for review)	Everyone (can be combined Adults and Child policy)
7.	Equality, Diversity and Inclusion Policy	<ul style="list-style-type: none"> Set out your mission/commitment to build an inclusive, diverse and equitable organisation Actions and initiatives to achieve this Types of discrimination How to report concerns - from public and staff/volunteers Staff and volunteer recruitment practices/policy Staff and volunteer training 	Within last 3 years (and not overdue for review)	Everyone

Please attach [the following documents](#) to your application using the 'Attachments' button at the bottom of this page. We will not be able to process your application until all these documents are received. If you have sent these to us within the last year, there is no need to supply them again unless they have been updated. We always need a copy of your latest accounts. Only one document can be attached to each section. Please email any additional documents to sizewellc@suffolkcf.org.uk

No.	Document	Requirements	Age	Applicable to
8.	Public Liability Insurance Certificate	<ul style="list-style-type: none"> Minimum cover of £10m 	Within last 12 months	Everyone
9.	Employers Liability Insurance Certificate	<ul style="list-style-type: none"> Minimum cover of £10m 	Within last 12 months	Everyone
10.	Project Budget	<ul style="list-style-type: none"> Complete our template spreadsheet 	-	Everyone
11.	Your Organisation's Logo	<ul style="list-style-type: none"> Jpeg or Png format Minimum 300 dpi resolution (print quality) 		Everyone

Declaration

Authority

☒ I confirm that I have been authorised by the governing body of my organisation (the board or committee that runs my organisation) to make this application.

Terms and Conditions - the Sizewell C Community Fund

☒ I confirm that I have fully read and accept Suffolk Community Foundation's [Terms & Conditions for the Sizewell C Community Fund](#). I confirm that I am authorised to accept these terms and conditions on behalf of the organisation I am applying for.

Accuracy of Information

☒ I confirm that the information contained in this application is correct. I understand that any incorrect, incomplete, or misleading information provided may result in Suffolk Community Foundation taking action to recover any money awarded, and may lead to the refusal of any future grant application.

**Use of my organisation's logo**

☒ I consent to Suffolk Community Foundation and Sizewell C using my organisation's logo on their websites, social media and in print when publicising grants awarded, if my application is successful.

Consent to share information

☒ I consent to Suffolk Community Foundation making enquiries, and sharing information with, relevant organisations or individuals as part of the Foundation's due diligence process, in relation to this application.

☒ Yes, I confirm that I have read and agree to the above declaration

Optional - Share Details with other Funders

☒ Yes, I consent to sharing details of my application with other funds/grant programmes held by Suffolk Community Foundation which may help secure additional/alternative grant funding

Confirm - your full name

Confirm - your role/position