**Community Restart Fund**

**Incorporating Community Sport Restart**

**Application Form**

**Applicant details**

|  |  |
| --- | --- |
| **Name of Organisation / Group:** |  |
| **Address of Organisation / Group** |  |
| **Contact Name:** |  |
| **Contact Email Address:** |  |
| **Phone Number:** |  |
| **Website/Facebook Page:** |  |

**In which district is your organisation / group based?**

[ ] Babergh [ ] Mid Suffolk [ ] East Suffolk

[ ] Ipswich [ ] West Suffolk

**What type of group / organisation are you (please select one) Please note that we cannot fund sole traders or private businesses.**

[ ] Community or voluntary group [ ] CIC / Social Enterprise

[ ] Village Hall/Recreation Ground Committee [ ] Registered Charity

[ ] Charitable Incorporated Organisation (CIO) [ ] Company Limited by Guarantee

[ ] Local Branch of a National Organisation [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Does your organisation have the relevant policies and procedures in place? Please tick those which are applicable to your organisation/this project:**

Constitution / set of rules [ ]

Safeguarding Policy [ ]

Health & Safety Policy [ ]

Equal Opportunities Policy [ ]
DBS Policy/Process [ ]

Covid Risk Assessment[ ]

Insurance [ ]

***We may request to see copies of the relevant documents in the future.***

**Project details –**

|  |  |
| --- | --- |
| **Question** | **Response** |
| **What do you want the funding for?** – This can link to your Covid risk assessment that you have completed. |  |
| **How have you identified a need for the requested funding?**  |  |
| **Who will benefit from your organisation / group being able to reopen / restart?**  |  |
| **What is the total amount of money you are applying for?** Grant awards will be between £250 and £2,500. **Please only put a numerical figure in this box.** |  |
| **What will it cost?** –Provide a breakdown of the costs.Grant awards will be between £250 and £2,5000. |  |
| **What is the impact the funding will make to your organisation / project?**  |  |

**Please provide details of the bank account you would like payment made to if your application is successful.**

|  |  |
| --- | --- |
| **Account name:** |  |
| **Bank Name:** |  |
| **Sort code:** |  |
| **Account number:** |  |

**If you would like to join our FREE Community Action Suffolk Network in order to receive newsletters and updates please tick below.**

|  |  |
| --- | --- |
| Yes | No |

|  |  |
| --- | --- |
| **Where did you hear about the Suffolk Community Restart Fund?** |  |

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| **Data Protection and Declaration** |

The information you have supplied is being collected to allow us to process your application for the Suffolk Community Restart Budget. By completing this form, you consent to CAS and partners 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 General Data Protection Regulation and Data Protection Act 2018 (and any updates).

Further information about data protection and privacy notice can be found on the Community Action Suffolk website:

<https://www.communityactionsuffolk.org.uk/privacy-policy/>

By signing below, you confirm that you have read and accept the terms and conditions stated above.

|  |  |
| --- | --- |
| **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:** |  |