Guidance for Well People, Healthy Places Fund

OPEN 06 JANUARY – 10 FEBRUARY 2025

The Well People, Healthy Places Fund is a partnership through which Suffolk County Council has made £77,776 of Public Health funding available to projects in Babergh and Mid Suffolk. Up to £5,000 can be granted to new or enhanced community-led projects that promote better wellbeing, healthier lifestyles and healthier places.

Projects that apply should work **with** people to grow the local activities, facilities and spaces that help them to be healthier and happier.

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| --- | --- | --- |
| **Is your project taking place in a Babergh or Mid Suffolk parish with a published consultation on community priorities?**  *e.g. Neighbourhood Plan, PIIP, People and Place Plan, Village Plan, Parish Survey* | | yes/no |
| *Map with pin with solid fill* | *Check our* [*map of parishes that have consulted and/or published community aims*](https://www.google.com/maps/d/u/0/viewer?hl=en&mid=1nZyKAXWqXT5etBOBlug6h44yJsZzAoI&ll=52.16424137928655%2C1.0858365825195326&z=11)*.*  *If your location is not listed but should be, please contact us.* | |

***If you answered no, please*** [***contact us***](mailto:BMSDCgrants@baberghmidsuffolk.gov.uk) ***before applying. There may be other BMSDC funds better suited to your project***

# About your organisation

## Information

|  |  |
| --- | --- |
| Organisation Name |  |
| Contact Name |  |
| Project Address  *Address where the project is taking place* |  |
| Phone Number |  |
| Email Address |  |
| Website |  |
| Organisation Address  *If different to the project address* |  |

## Status

|  |  |
| --- | --- |
| How is your organisation constituted?   * Parish Council, Town Council or Parish Meeting * Registered Charity or Trust * Community Interest Company * Community Benefit Society * Charitable Incorporated Organisation * Business * Social Enterprise * Other (add detail below) | |
| Please specify from the list above: | |
| Charity Number, Companies House Number or Registered Trust Number if applicable |  |
| If a Community Interest Company, is your organisation limited by shares or guarantee? (please specify) |  |
| Date of Registration |  |

|  |  |
| --- | --- |
| **Document with solid fill** | **Please submit your constitution or incorporation document with your application.** |

## Financial Information

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide information about your previous financial year end and enclose a copy of your accounts alongside your application. | | | |
| Total Income | £ | Total Expenditure | £ |
| Surplus carried into current financial year | £ | Total Grant Aid received in 2023/24 | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your organisation have reserves?  If yes, please detail below | | yes/no | |
| Unrestricted | £ | Restricted | £ |

|  |  |  |  |
| --- | --- | --- | --- |
| Can you reclaim VAT? |  | VAT Registration Number if applicable |  |

|  |  |
| --- | --- |
| **Document with solid fill** | **Please submit your last completed annual accounts with your application.** |

## Volunteering

|  |  |
| --- | --- |
| How many volunteers does your organisation have? |  |
| Will this application support additional volunteers? If so, how many? |  |
| Approximately how many volunteering hours per week are supported by your organisation? |  |

## Policies

|  |  |
| --- | --- |
| Does your organisation have the following policies in place? Yes, No or Working towards | |
| Equal Opportunities |  |
| Health and Safety |  |
| Adult and Child Safeguarding |  |

|  |  |
| --- | --- |
| Does your organisation serve all sectors of the community irrespective of political or religious belief, ethnic origin etc.? |  |

|  |  |
| --- | --- |
| **Document with solid fill** | **Please submit any listed policies with your application.** |

# About your project

|  |  |
| --- | --- |
| Project Name |  |
| Project Address  *If different to your organisation’s address* |  |

## Community-led approach

|  |
| --- |
| How will your project reflect people’s choices about health and wellbeing?  or involve participants in its design? |
|  |

|  |
| --- |
| How have you or will you evidence those views (given above)?  Are they already published and if so, where? |
|  |

|  |  |
| --- | --- |
| **Document with solid fill** | Please submit evidence of consultation or co-design with your application. |

## What is your project?

|  |
| --- |
| Please be as specific as possible about what you will do and how you will do it. |
|  |

|  |  |
| --- | --- |
| **Warning with solid fill** | Applications for building or amenity improvement or equipment purchase must show that they will enhance existing activities or establish new ones.  Feedback on those activities will be required. |

## When will your project run?

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated start date: |  | Estimate end date: |  |

|  |  |
| --- | --- |
| **Warning with solid fill** | *Projects must be completed before December 2025.* |

# Priorities

|  |  |
| --- | --- |
| Please select one or more priority to which your project aligns  *Not all priorities need to be applicable to your project or organisation. There is more information explaining the priorities in the Guidance.* | |
| **Priorities** | **Tick as applicable** |
| Stronger communities for health |  |
| Greater social connection and reduced loneliness |  |
| Healthier lifestyles |  |
| Involving people in improving services |  |
| **Please explain how your project will impact the priorities you have selected.** | |
|  | |

# Project Finance

|  |  |
| --- | --- |
| Is your application for capital or revenue costs, or both? |  |

## Costs

Please detail all costs for your project.

|  |  |  |
| --- | --- | --- |
| Cost | Amount | |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| Net Cost | **£** |  |
| VAT | **£** |  |
| Total Cost | **£** |  |

## Funding Package

If your project requires funding from other sources, please explain them here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Where have you obtained or where will you be seeking the remaining funding for this project? | | | | |
| Funding Source | Secured (Yes or No) | If not secured, when will you know? | Amount £ | |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
| **How much are you applying for from the Well People, Healthy Places fund? (up to £5,000)** | | | **£** |  |
| Total Funding | | | **£** |  |

# Completing your application

## Extra information

|  |  |
| --- | --- |
| Document with solid fill | Please include any documents that you wish us to consider when assessing your application.  Required   * Constitution or incorporation * Policies * Accounts * Consultation or co-production evidence * ‘Security of Tenure’ (if applicable) * Quotes   Optional documents you may wish to provide include:   * Parish Council support * Project Plan |

|  |  |
| --- | --- |
| **Warning with solid fill** | *If you are applying for building or amenity projects, you may be asked for additional documents, such as ‘security of tenure’ of at least 10 years and quotes for building work.* |

## Declaration

Please ensure that this application is signed and dated.

* I declare that I am authorised to make this Grant application on behalf of the above organisation and that the information given is correct and complete.
* I understand that a member of the Grants Team may contact me if information is missing.
* I understand that the Council will use the information I have provided to assess and process the Grant application. The Council may check some of the information with other sources within the Council, other Councils and Government departments. The Council may also get information from other organisations to make sure the information I provide is accurate.
* I understand that should this application be accepted, UK Government branding guidelines will be adhered to, if required.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Name |  |
| Position |  | Date |  |

# Submitting your application

**Please return the completed form by email to**

[**BMSDCGrants@baberghmidsuffolk.gov.uk**](mailto:BMSDCGrants@baberghmidsuffolk.gov.uk)

Alternatively, please return by post to:

**Grants Team - Communities**

**Babergh and Mid Suffolk District Councils**

**Endeavour House**

**8 Russell Road**

**Ipswich**

**IP1 2BX**

## Data Protection Notice

Any personal information processed by Babergh and Mid Suffolk District Council arising from Community Grant Fund Application will be protected in accordance with the Data Protection Act 2018.

For more information on how we process your personal information or for information regarding Babergh and Mid Suffolk Councils’ Data Protection Policy and your right to information go to <https://www.babergh.gov.uk/privacy-policy1>

If you are part of the Voluntary, Community and Social Enterprise (VCSE) Sector further support is available from Community Action Suffolk (CAS) - [Home - Community Action Suffolk](https://www.communityactionsuffolk.org.uk/)

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