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| **Suffolk County Council - Culture Project Fund**  **Large Grant Application Form (£10,001 - £20,000)** | | | | | | | | | | | | | |
| **DEADLINE: 12 NOON 28 NOVEMBER 2025**  **All applications must be emailed to** [**cultureprojectfund@suffolk.gov.uk**](mailto:cultureprojectfund@suffolk.gov.uk) | | | | | | | | | | | | | |
| **Grant amount you are applying for:** | | | | | | | | | | | **£** | | |
| **Important:** Selected responses in this application will form part of your Grant Funding Agreement if your application is successful. Please ensure all information is accurate, clear and complete. | | | | | | | | | | | | | |
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| **SECTION 1 - PROJECT & ORGANISATION DETAILS** | | | | | | | | | | | | | |
| **Application submission date** | | | [DD/MM/YYYY] | | | | | | | | | | |
| **Project name** | | |  | | | | | | | | | | |
| **Applicant Organisation (legal name)** | | |  | | | | | | | | | | |
| **Organisation address** | | |  | | | | | | | | | | |
| **Lead Representative**  Named contact empowered to act on behalf of the organisation | | | Name:  Position: Email:  Telephone: | | | | | | | | | | |
| **Organisation contact details**  If different from Lead Representative | | | Email address:  Telephone number:  Website: | | | | | | | | | | |
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| **SECTION 2 – ELIGIBILITY CRITERIA**  **Important:** If your application is successful, you may be asked to provide a copy of your documents. | | | | | | | | | | | | | |
| **2.1 Type of Organisation**  To be eligible, you must be **at least one** of the following. | | | Arts Organisation  ​​☐​ **Full Member** or **Member** of the Association for Suffolk Museums  ​​☐​ Other Museum Organisation  Freelance Arts Professional – registered as self employed | | | | | | | | | | |
| **2.2 Organisation’s Legal Structure**  Select up to two  You must be one of these types of organisation to secure a grant | | | Registered charity  Charitable Incorporated Organisation (CIO)  Community Interest Company (CIC)  Voluntary or community group  Not-for-profit company limited by guarantee  Co-operative Society  Community Benefit Society  Consortium of organisations (led by an eligible organisation)\*  Freelance Arts Professional – registered as self-employed  *\*If applying as a consortium, complete:*   * *Lead organisation name:* * *Lead organisation legal structure (from list above):* | | | | | | | | | | |
| **2.3 Governing Documents**  Note: Freelancers may not have these documents. | | | Do you have a constitution/governing document/Articles of Association/Terms of Reference/set of rules?  Yes  No  Do you have a management committee/board of trustees/directors with at least two unrelated members?  Yes  No | | | | | | | | | | |
| **2.4 Accounts** | | | Do you have your most recent end-of-year accounts?  Yes  No  Do you have current management accounts showing income, expenditure, and reserves?  Yes  No | | | | | | | | | | |
| **2.5 Bank Account**  Note: Freelancers may not have separate business accounts. | | | Do you have a bank account in the organisation’s name which requires at least two unrelated signatories for all transactions?  Yes  No  Are all signatories unrelated and living at different addresses?  Yes  No | | | | | | | | | | |
| **2.6 Organisational Policies**  Note: Freelancers may not have these documents. | | | Data Protection  Health and Safety  Safeguarding (if working with children, young people or vulnerable adults)  Environmental  Equalities  Other (specify): | | | | | | | | | | |
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| **SECTION 3 – STRATEGIC AIMS & PRIORITIES** | | | | | | | | | | | | | |
| **3.1 When was your organisation or service established?**  Provide the year or date of establishment (for freelancers, state when your professional practice began). | | |  | | | | | | | | | | |
| **3.2 Mission Statement**  Enter your organisation’s mission statement or describe the overall purpose of your work. | | |  | | | | | | | | | | |
| **3.3 Values**  List up to three core values that guide your work. | | | 1.  2.  3. | | | | | | | | | | |
| **3.4 Strategic Aims and Priorities**  What are your organisation’s strategic aims and priorities? | | | 1.  2.  3.  4. | | | | | | | | | | |
| **3.5 Contribution to Suffolk County Council’s Ambitions**  Explain how your organisation’s aims and priorities support and contribute to Suffolk County Council’s Ambitions (as set out in the application pack). | | |  | | | | | | | | | | |
| **3.6 Additional Information**  Please provide any further information about your organisation that you would like us to know. | | | Max 250 words | | | | | | | | | | |
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| **SECTION 4 – PROJECT DETAILS** | | | | | | | | | | | | | |
| **4.1 Project Type** | | | A new project  Continuation of an established project  Development/expansion of an existing project | | | | | | | | | | |
| **4.2 About your arts and/or Museum practice**  Tell us about the artistic practice and/or museum collection your project will focus on, and why it is important. | | | Max 250 words | | | | | | | | | | |
| **4.3 Project Summary**  Provide a short description of the project you plan to deliver. Include what the project involves, who will benefit from it, and why the project is needed. | | | Max 500 words | | | | | | | | | | |
| **4.4 Project locations (in Suffolk)**  List all locations where the project will take place. | | |  | | | | | | | | | | |
| **4.5 SCC priority delivery**  Suffolk County Council has four priorities, which are set out in the application pack. State which priority or priorities your project will deliver against and describe how your project will do this.  *Note: Large Grants must deliver against at least two priorities.* | | | Max 500 words | | | | | | | | | | |
| **4.6 Target communities and engagement**  Describe the people and communities you expect to reach, explain how you will reach them, and outline the benefits they will gain. Show how you identified these people and explain if and how they were involved in the project design. | | | Max 500 words | | | | | | | | | | |
| **4.7 Estimated participant numbers**  State how many people will take part and explain how you calculated this figure. | | |  | | | | | | | | | | |
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| **SECTION 5 – OUTCOMES, INITIATIVES & MILESTONES** | | | | | | | | | | | | | |
| **5.1 Outcomes**  List the specific results you expect your project to achieve (e.g. skills gained, audiences reached, collections preserved). Outcomes are the *end results* of your project, not the activities themselves. | | | Outcome 1:  Outcome 2:  Outcome 3:  Outcome 4: | | | | | | | | | | |
| **5.2 Initiatives**  List the key actions or activities you will deliver to achieve your outcomes. These are the *concrete things you will do*. Examples: *“Deliver 5 workshops”, “Present 2 exhibitions”, “Run 3 training sessions”, “Carry out 5 outreach events”*. | | | Initiative 1:  Initiative 2:  Initiative 3:  Initiative 4: | | | | | | | | | | |
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| **5.3 Key Project Milestones**  Identify the key stages of your project, with expected dates, linked to the outcomes in 5.1. Include what evidence you will provide to show each activity/action has been completed successfully. | | | | | | | | | | | | | |
| **Outcome No (from 5.1)** | **Activity / Action** | | | | | **Start Date** | **End Date** | | | | | **What evidence will you provide to show this activity/action has been completed successfully?** | |
| Outcome 1 |  | | | | |  |  | | | | |  | |
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| **SECTION 6 - EQUALITY, DIVERSITY AND INCLUSION** | | | | | | | | | | | | | |
| **6.1 How will you ensure your project is inclusive and accessible?** | | | Max 250 words | | | | | | | | | | |
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| **SECTION 7 - EVALUATION** | | | | | | | | | | | | | |
| **7.1 Previous similar projects delivered**  Describe previous projects, how they were delivered, partners involved and outcomes achieved. Please tell us how you evaluated the achievements and the tools that you used. | | | Max 500 words | | | | | | | | | | |
| **7.2 Evaluation plan for this project**  How will you measure success and evidence your outcomes? Please tell us how you plan to evaluate the project you are proposing. | | | Max 500 words. Please attach at least one evaluation report, using nationally recognised tools. | | | | | | | | | | |
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| **SECTION 8 PARTNERSHIP WORKING** | | | | | | | | | | | | | |
| **8.1 Partnerships in this project**  Please tell us about the partners you are working with.  Please tell us why you have chosen these partners and what they bring to the project  Please tell us if you have worked with the partners before | | | | | Please answer here – up to 500 words. In addition, please attach a letter of support from your partner/s that details the effectiveness of an ongoing relationship or a new relationship  \*\*\*Please attach a letter of support from your partner/s that details the effectiveness of an ongoing relationship or a new relationship that has been developed.\*\*\* | | | | | | | | |
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| **SECTION 8 - FINANCE** | | | | | | | | | | | | | |
| **8.1 Project Budget – Expenditure**  Provide a detailed breakdown of your total project costs. Include all relevant categories (e.g. staff, materials, venue hire, equipment, travel, overheads). You can include up to 10% of the project delivery costs to cover the everyday running costs of your organisation. | | | | | | | | | | | | | |
| **Description of project cost** | | | | **Amount (£)** | | | | **Comments** | | | | | |
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| **Total Project Cost** | | | | **£** | | | |  | | | | | |
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| **8.2 Income** *(if applicable)*  List all sources of income that will be used to deliver this project (including your own funds, other grants, sponsorship, earned income). | | | | | | | | | | | | | |
| **Source of income** | | | | | **Amount (£)** | | | | **Secured? (Y/N)** | | | | |
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|  | | | | | £ | | | |  | | | | |
| **Total Income** | | | | | **£** | | | |  | | | | |
| **8.3 Match Funding *(optional but valued)***  If you have no match funding, explain why SCC should fund 100% of your project. | | | | | | | | | | | | | |
| Max 300 words | | | | | | | | | | | | | |
| **SECTION 9 – COMPLIANCE** | | | | | | | | | | | | | |
| **9.1 Insurance cover**  *If your application is successful, we will need to ensure you have adequate insurance cover. Please provide details of your current policies.* | | | | | | | | | | | | | |
| **Type** | | **Typical Minimum Cover (Guide)** | | | **Your Cover** | | | | | | | | **Renewal Date** |
| **Public Liability** | | £1m–£5m (depending on project scale) | | |  | | | | | | | |  |
| **Employers Liability**  (if staff employed – legal requirement) | | £5m | | |  | | | | | | | |  |
| **Trustee & Officers Indemnity** | | Optional | | |  | | | | | | | |  |
| **Fidelity Guarantee** | | Value of grant (optional) | | |  | | | | | | | |  |
| **Professional Indemnity** (if applicable) | | £2m | | |  | | | | | | | |  |
| **Other** (please specify) | |  | | |  | | | | | | | |  |
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| **9.2 Data Protection**  Please select the option that applies to your project | | **Provider Data Controller** - You will collect or process personal data (e.g. names, contact details, photos, case studies, evaluation forms) as part of delivering this project. You are responsible for complying with Data Protection legislation, including having appropriate policies in place.  **No Personal Data processed under this grant -** Your project will not collect, store or use any personal data.  Other (explain): | | | | | | | | | | | |
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| **SECTION 10 - DECLARATION** | | | | | | | | | | | | | |
| **I declare that the information in this application is true and correct and that I am authorised to sign on behalf of the organisation.** | | | | | | | | | | | | | |
| **Name** | | | **Position** | | | | | | | **Date** | | | |
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| **Signature** | | | | | | | | | | | | | |
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