

Community Partnerships Budget - Outcome Proposal Form

1.	App	licant (details

Name of Community Partnership:	
Applicant Lead	
Name:	
Organisation:	
Contact email address:	
Phone number:	
2. Priority	
Priority(s) the project is to deliver	
against:	
How has the need for this project	
been identified? (200 words max):	
3. Project description	
3. Project description Who will be delivering the	
•	
Who will be delivering the project/activity:	
Who will be delivering the project/activity: Project/activity proposal – what is	
Who will be delivering the project/activity: Project/activity proposal – what is being delivered to address the	
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4. Outcomes (clearly defined, how things will be different)				
Please detail the key outcomes anticipated from the project/activity (measurable and time specific):	•			
5. Costs – how will the project/activity be resourced?				
Total project/activity costs:	£			
Total confirmed match-funding (if applicable):	£			
Total amount of Community Partnership budget required:	£			
What will happen after the Community Partnership funding is spent? Please detail project/activity sustainability and planned next steps:				
6. Community Partnership Chair Declaration				
Community Partnership Chair Name(s):				
Signature(s):				
Date:				

Please submit this Outcome Proposal to grants@eastsuffolk.gov.uk Hard copies can be submitted and returned to: Funding Team, East Suffolk House, Station Road, Melton, Woodbridge, IP12 1RT.