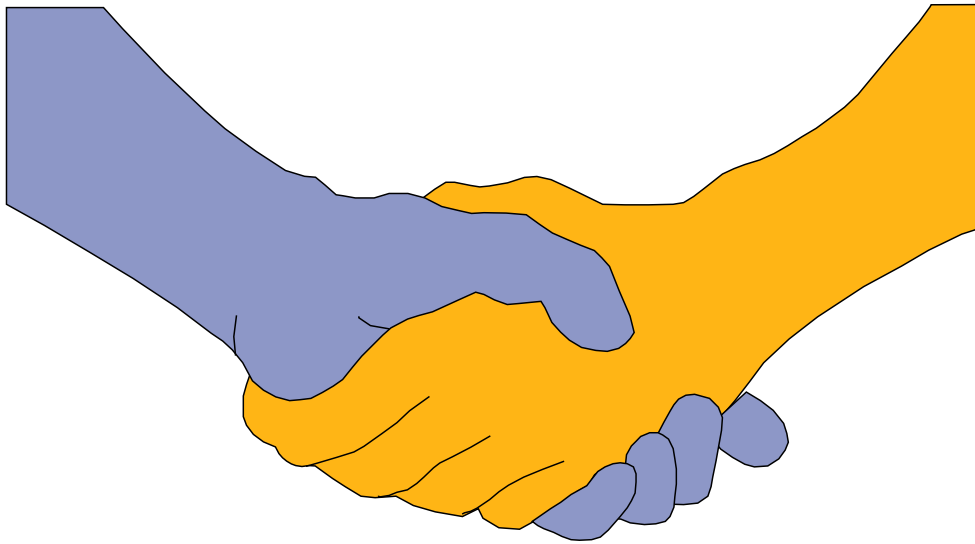




**South
Derbyshire
District Council**



**Community Partnership
Revenue Grant**

APPLICATION FORM

Before you complete this form please make sure you read and understand the Guidance Notes. When completing the form please read each question carefully, provide the relevant information where required and tick the appropriate boxes. You may also provide additional information sheets if necessary. Please note the form is also available in an electronic format, which can be found on our web site www.south-derbys.gov.uk or requested from ian.hey@south-derbys.gov.uk

Once completed please make a copy for your own records and return to:

Ian Hey
Community Partnership Officer
South Derbyshire District Council
Civic Offices
Civic Way
Swadlincote
Derbyshire DE11 0AH

1. APPLICATION DETAILS

1.1 Name of the applicant organisation (and the title of the applicant's bank account, if different)	
1.2 Bank account reference	
1.3 Name of contact for correspondence about the application	
1.4 Address for all correspondence (Including payments)	
Post Code:	
Email Address:	
Telephone (Daytime):	
Evening/Weekend:	
Fax No:	
1.5 What type of organisation best describes the applicant (e.g. charity, trust, voluntary group, club, association etc.)	

1.6 Please describe the activities of the organisation, the management structure and relevant skills of its membership

1.7 How long has the organisation been in existence (no of yrs)? Tick if newly formed

1.8 Are you a registered charity? Y N Charity No.
(please place a cross in the relevant box)

1.9 Are you registered for VAT Y N VAT No.

2. DETAILS OF YOUR PROPOSED PROJECT

2.1 Name of the project

2.2 Location (within South Derbyshire)

2.3 Describe clearly and concisely the aims, objectives and targets for the proposed project. State what you hope to achieve, how you intend doing this and how you will measure the progress?

2.4 How does the project relate to the Council's aims and objectives? (Please see the summary for the 2012/13 Corporate Action Plan together with an introduction to the South Derbyshire 2009-29 Sustainable Community Strategy for South Derbyshire.)

2.5 Why is the project needed?
How do you know?
What groups does the project specifically target?
Who else will benefit from it?

2.6 What capital facilities does the organisation use?
Where are you based?

2.7 Are the facilities:
Owned by the organisation
Leased
Hired / Rented
(Please provide details)

Y		N	
Y		N	
Y		N	

Remaining period left on lease YRS

3. PROJECT COSTS AND FUNDING ARRANGEMENTS

3.1 What is the anticipated total project cost

3.2 Please breakdown this cost, identifying separately both revenue and capital costs by completing the following table. While we recognise that your project may include both this fund can only contribute to the revenue element. Please also comment on any critical dates that you require funding to be in place. You can attach a separate sheet if necessary. *You must also include a breakdown of how relevant costs have been arrived at.*

EXPENDITURE TYPE	Revenue	Capital	TOTAL
Please type in expenditure type here			
(adding in more lines where necessary,			
Remembering to total each column once			
Completed)			
TOTAL EXPENDITURE	£		£

While matched funding is not a requirement for an application to this fund for a grant it is likely that larger projects will require additional funding. To help us identify how likely it is that a project will proceed if you are not requesting a grant to cover the full expenditure we need to know where the balance of funds are to come from

3.3 What potential funds do you have currently available (excluding grants) now and in the future?

SOURCE	FUNDING IN PLACE		REVENUE	CAPITAL	TOTAL
	Yes	No			
TOTAL			£		£

3.4 What other grants have you applied for, intend to apply for or have obtained?

SOURCE	REVENUE	CAPITAL	Applied For		Confirmed	
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
			Y	N	Y	N
TOTAL						

3.5 Please detail any unsuccessful applications and the reasons given for the lack of success.

3.6 Are there any conditions attached to any of your funding?

3.7 What financial support is the organisation requesting from SDDC? Please specify an amount and check the *Guidance Notes* re eligibility

3.8 Have you received a grant from South Derbyshire District Council before? If so, when, for what and for how much?

3.9 Please supply details of any self help / non-cash contributions being made by the applicant

3.10 What is the current level of your organisation's reserves? E.g. cash at bank, investments etc. Are parts of your reserves restricted for specific projects? If yes please give specific details.

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3.11 What options are available if not all funding is secured?

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4. IMPLEMENTATION ARRANGEMENTS

4.1 Indicate what other organisations are involved and their commitments to the project

Organisation	Nature of Commitment

4.2 Have you sought professional advice for the project?
(If yes, please provide details)

Y		N	
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4.3 It is important for the Council that groups are able to maintain or provide ongoing services. Please describe how any ongoing commitments will be met after the life of any grant awarded.

4.4 Describe / provide details of community support and involvement in the project.

4.5 What impact will your project have on the environment?

4.6 What risks are involved in the project (e.g. financial, managerial, health & safety etc.) and what contingency plans are in place?

5. ADDITIONAL INFORMATION

Please provide the following details in support of your application :
(please tick each item if included)

- A Constitution / Rules
- B Insurance (either in place or proposed in relation to project)
- C Organisational policies (Equal opportunities, health and safety, complaints etc)
- D Letters of confirmation of project support
- E Letters of confirmation of financial support
- F Latest certified annual accounts/Business Plan
- G I have also attached the following in support of this application:
(e.g copies of estimates, development plan etc)

6. DECLARATION AND SIGNATURE

A senior representative must sign the following declaration on behalf of your organisation.

I confirm on behalf of _____ (name of organisation) that I am authorised to sign this declaration. As far as I am aware, all the information on this form is true and complete. The application is made on the understanding that if successful, the organisation will only use the grant for the purposes specified. We also confirm that the organisation will comply with the conditions attached to any financial assistance imposed by South Derbyshire District Council.

Signed :

Position in organisation:

Date:
