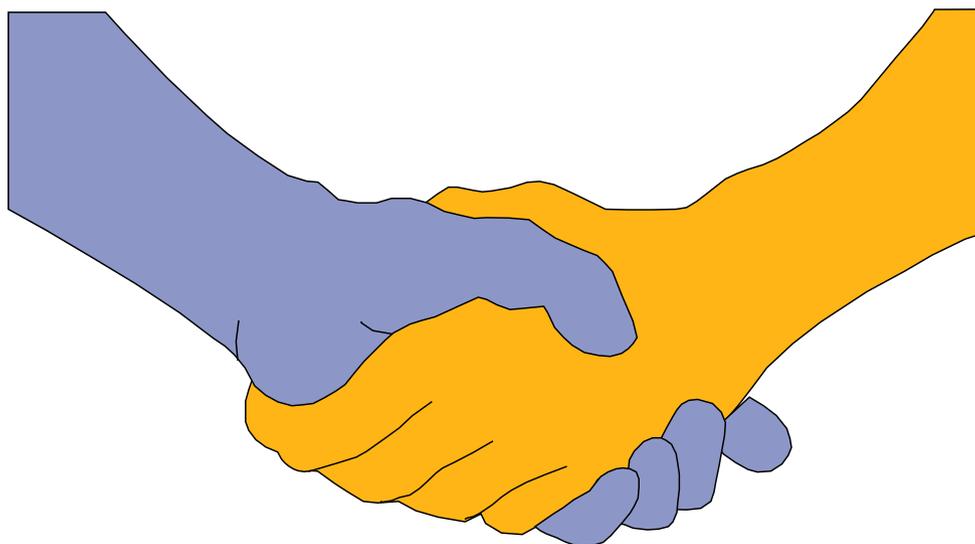




**South  
Derbyshire  
District Council**



## **Community Partnership Scheme**

# **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](http://www.south-derbys.gov.uk) or requested from [ian.hey@south-derbys.gov.uk](mailto: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**

<b>1.1</b> Name of the applicant organisation (and the title of the applicant's bank account, if different)	
<b>1.2</b> Bank account reference	
<b>1.3</b> Name of contact for correspondence about the application	
<b>1.4</b> Address for all correspondence (Including payments)	
Post Code:	
Email Address:	
Telephone (Daytime):	
Evening/Weekend:	
Fax No:	
<b>1.5</b> 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 the profile 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?  
(please place a cross in the relevant box)

<b>Y</b>		<b>N</b>	
----------	--	----------	--

Charity No.

**1.9** Are you registered for VAT

<b>Y</b>		<b>N</b>	
----------	--	----------	--

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 2014/15 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 facilities does the organisation use?

**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 capital and revenue costs by completing the following table. 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 copies of at least 2 quotes/estimates***

EXPENDITURE TYPE	CAPITAL	REVENUE	TOTAL
Please type in expenditure type here			
(adding in more lines where necessary,			
Remembering to total each column once			
Completed)			
<b>TOTAL EXPENDITURE</b>	<b>£</b>		<b>£</b>

**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			
<b>TOTAL</b>			£		£

**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
<b>TOTAL</b>								

**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 the Community Partnerships Scheme 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 earmarked for specific projects? If yes please give specific details.

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

--

**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	
---	--	---	--

--

4.2a Are there any approvals required? For example building regulations or planning permission. If so please state whether required or obtained and timescales.

--

**4.3** If applicable, please outline any on going revenue / running cost implications for the project

**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 Lease details (if applicable)
- E Letters of confirmation of project support
- F Letters of confirmation of financial support
- G Latest certified annual accounts/Business Plan
- H I have also attached the following in support of this application:  
(e.g copies of estimates, survey information, 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:**
