[**Please read the ‘Information for Applicants’ and ‘Capital Funding Application Guidance’ documents before completing this application.**](http://www.nottinghamshire.gov.uk/lis)

**Organisation Details**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Head Office Address:** |  |
| **Postcode:** |  |
| **Website / Facebook:** |  |

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| **Type of Organisation:** | [ ]  A registered charity[ ]  A voluntary / community group that is *not* registered as a charity[ ]  A Friendly Society or an Industrial and Provident (Community Benefit) Society with charitable purposes[ ]  A community interest company (CIC)[ ]  A sports club[ ]  A local Parish or Town Council |
| [ ]  Other (please specify): |  |
| **Charity Commission number** *(if applicable)***:** |  |
| **Companies House registration number** *(if applicable)***:** |  |

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| **Is your organisation a branch of a larger organisation?** | [ ]  No | [ ]  Yes |
| **If yes, which organisation?** |  |

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| **Are you planning to work in a formal partnership with another organisation to deliver this project?** | [ ]  No[ ]  Yes |
| **If yes, please list the partnership member details below:** |
| **Organisation** | **Contact Name** | **E-mail address** |
|  |  |  |
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| **Remember to submit a partnership statement with your application.** |

**Contact Information**

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| **Primary Contact** |
| **Position in Organisation:** |  |
| **Title:** |  | **First Name:** |  | **Last Name:** |  |
| **Telephone 1:** |  |
| **Telephone 2:** |  |
| **E-mail:** |  |

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| **Secondary Contact** |
| **Position in Organisation:** |  |
| **Title:** |  | **First Name:** |  | **Last Name:** |  |
| **Telephone 1:** |  |
| **Telephone 2:** |  |
| **E-mail:** |  |

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| **Trustee / Director / Secretary** *(as applicable to your Organisation Type)***:** |
| **Name:** |  |
| **E-mail:** |  |
| **Telephone:** |  |

**Project Information**

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| **Project Name:** *(if different to Organisation name)* |  |
| **Who will directly benefit from this project?** *You can select more than one from the list below:* |
| [ ]  Armed Forces and Veterans | [ ]  LGBT |
| [ ]  Asylum Seekers / Refugees | [ ]  BME *(please specify)*: |  |
| [ ]  Carers | [ ]  People with disabilities and/or long term illness *(please specify)*: |  |
| [ ]  Children, Young People & Families | [ ]  Gender *(please specify)*: |  |
| [ ]  Disadvantaged people (e.g. homeless, unemployed, victims of violence or abuse) | [ ]  Older People |
| [ ]  Other *(please specify)*: |  |
| **Please provide a summary of your intended project’s aims***50 words max* |
| This project aims to… |

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| **In which districts do the people who will benefit from the project live?** |
| [ ]  Ashfield | [ ]  Gedling | [ ]  Rushcliffe |
| [ ]  Bassetlaw | [ ]  Mansfield | [ ]  Nottingham City |
| [ ]  Broxtowe | [ ]  Newark and Sherwood | [ ]  Outside Nottinghamshire |

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| **What information do you have to show that there is a need for this project?** |
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| **Does this project have the support of the local councillor for the area in which this project will be delivered?** | [ ]  No | [ ]  Yes |
| **Please provide the name of the councillor who is supporting this application:** |  |

**Planning Your Project**

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| **Please describe how the project contributes to the Local Improvement Scheme funding priorities.** |
|  |
| **How will the public benefit from this project?** |
|  |
| **How will the capital project be monitored and evaluated?** |
|  |
| **What are the main difficulties / risks in delivering this project and how do you plan to address these?** |
| **Difficulties / Risks** | **How will this be addressed?** |
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| **Please complete this table using anticipated minimum figures for this project (*not the organisation*) per year.** *A funding year runs from 1st July to 30th June.* |
| **Number of different direct beneficiaries:** |  |
| **Number of different indirect beneficiaries** *(where applicable)***:** |  |
| **Number of volunteers (excluding trustees):** |  |
| **Number of trustees:** |  |
| **Number of paid staff working…** | **Full time:** |  |
|  | **Part time:** |  |
| **Number of volunteer hours:** |  |
| **Number of trustee hours:** |  |
| **Number of project management / co-ordinator hours:***e.g. planning, co-ordinating, administration, monitoring, evaluation* |  |
| **How will the project be managed (including promotion and training)?** |
|  |

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| **Does your organisation have – or is working towards – a recognised quality standard?** *(e.g. PQASSO Quality Mark, Investor In People, Clubmark for Sports Clubs, CTA Quality Mark for Community Transport Schemes, AQS for Information and Advice or other quality standard relevant to this project)* |
| **Quality Standard(s) already achieved** | **Quality Standard(s) working towards** |
|  |  |
|  |  |
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| **How many venues / locations will your project use?** |  |
| **Please list up to three of your main venues / locations here:** | 1) |  |
| 2) |  |
| 3) |  |

**Financial Information**

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| **What is the total cost of the capital purchase?** | £ |
| **How much capital funding are you requesting from NCC?** *Applicants can request up to 50% of the total cost of the capital purchase.**The amount requested must be between £1,000 and £50,000.* | £ |
| **What is the anticipated start date of this project?** |  |
| **What is the anticipated completion date of this project?** |  |
| **What will the capital funding contribute towards?** |
|  |
| **How will the remainder of the capital funding be raised?** |
|  |
| **How much of the remainder of the capital funding is confirmed?** | **£** |

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| --- | --- | --- |
| **Is this organisation also applying to the Council for REVENUE funding?** | [ ]  No | [ ]  Yes |
| **If YES, does this Capital application rely on the success of the REVENUE application to the Council?** | [ ]  No | [ ]  Yes |

**Project Sustainability / Legacy**

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| --- | --- |
| **How many years do you anticipate the capital project to be accessible to the Nottinghamshire community after the scheme / project is launched / asset purchased?** |  |
| **How will the capital project be maintained?** |
|  |
| **What will be the long-lasting impact / legacy of the capital project?** |
|  |

**Documents**

*The following documents need to be submitted with your application.*

|  |
| --- |
| [ ]  Governing Document / Constitution |
| [ ]  Safeguarding Policy / Policies that are appropriate for the project as described in this funding application |
| [ ]  Health & Safety policy *(this is only necessary for organisations with 5 or more employees)* |
| [ ]  Equality and Diversity Policy |
| [ ]  Partnership Statement *(partnership applications only)* |
| **Please note that if your application is successful, as a condition of your agreement you will be required to submit:*** **an appropriate type and level of insurance,**
* **confirmation of match funding,**
* **quotations of costs for the work to be carried out,**
* **confirmation of land ownership / permission to use land, where appropriate.**
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**Any Other Information**

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| **If you have any other relevant information to support your application, please provide this below.***e.g. if this project involves developing land, please confirm who owns the land and/or how the land will be acquired.* |
|  |

**Declaration**

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| --- |
| [ ]  I am authorised to complete and submit this application on behalf of the organisation stated in this application. |
| [ ]  This application has the support of the governing body / management committee / board of trustees of the organisation stated in this application. |
| [ ]  I have included information about all other sources of funding and if this application is successful, receipt of Local Improvement Scheme funding from Nottinghamshire County Council will not constitute duplicate funding. |
| [ ]  If this application is successful, the organisation will use the funding appropriately in line with value for money principles. |
| [ ]  The organisation keeps proper accounts and records. If this application is successful, we will retain invoices and receipts to show how the Local Improvement Scheme funding is used. |
| [ ]  This project will be provided predominantly for the benefit of Nottinghamshire residents (at least 75% of beneficiaries will be Nottinghamshire residents). |
| [ ]  If this application is successful, the organisation will provide evidence of an appropriate type and level of insurance, quotes of costs for work, confirmation of match funding and evidence of permission to use the land / property outlined in this application (as applicable). |
| [ ]  The organisation understands and accepts the Nottinghamshire County Council obligations under the Data Protection and Freedom of Information Acts as stated in our 'Information for Applicants' guide. |
| [ ]  This application contains true and accurate information and I (or an authorised representative from my organisation), will inform Nottinghamshire County Council (cvs.team@nottscc.gov.uk),of any subsequent changes to the organisation contact details in writing *(email is acceptable)*. |

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| --- | --- |
| **Application completed by:** |  |
| **Role:** |  |
| **Date of completion:** |  |

Remember to save this application to your computer.

We strongly advise you to check your answers, as these will be considered during the assessment process.

When you are happy with your application, please send it (along with supporting documents) to: cvs.team@nottscc.gov.uk.