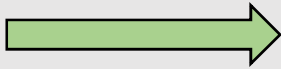



# Local Improvement Scheme Capital Funding 2018-20 GUIDANCE

Please read the 'Information for Applicants' and this 'Capital Funding Application Guidance' document before completing the capital application form.

## Organisation Details

<b>Organisation Name:</b>	<i>Insert the name of the organisation</i>
<b>Head Office Address:</b>	<i>Insert the head (main) office address</i>
<b>Postcode:</b>	<i>Insert the post code</i>
<b>Website / Facebook:</b>	<i>Insert the website address and / or Facebook link if your organisation has one</i>

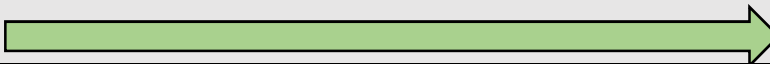
<b>Type of Organisation:</b> <i>Click on the box next to organisation type:</i> 	<input type="checkbox"/> A registered charity <input type="checkbox"/> A voluntary / community group that is <i>not</i> registered as a charity <input type="checkbox"/> A Friendly Society or an Industrial and Provident (Community Benefit) Society with charitable purposes <input type="checkbox"/> A community interest company (CIC) <input type="checkbox"/> A sports club <input type="checkbox"/> A local Parish or Town Council <input type="checkbox"/> Other (please specify):			
	<table border="1"> <tr> <td><b>Charity Commission number (if applicable):</b></td> <td><i>If your organisation is registered with the Charity Commission, insert the charity registration number here.</i></td> </tr> <tr> <td><b>Companies House registration number (if applicable):</b></td> <td><i>If your organisation is registered with Companies House, insert the company registration number here.</i></td> </tr> </table>	<b>Charity Commission number (if applicable):</b>	<i>If your organisation is registered with the Charity Commission, insert the charity registration number here.</i>	<b>Companies House registration number (if applicable):</b>
<b>Charity Commission number (if applicable):</b>	<i>If your organisation is registered with the Charity Commission, insert the charity registration number here.</i>			
<b>Companies House registration number (if applicable):</b>	<i>If your organisation is registered with Companies House, insert the company registration number here.</i>			

<b>Is your organisation a branch of a larger organisation?</b> <i>Tick the box that applies to your organisation:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes 
<b>If yes, which organisation?</b>	<i>Type the name of the larger (umbrella) organisation here to which your organisation/project belongs</i>

Are you planning to work in a formal partnership with another organisation to deliver this project?

- No  
 Yes

Tick the box that applies:



If yes, please list the partnership member details below:

Organisation	Contact Name	E-mail address
<i>Partner organisation name</i>	<i>Contact name for the partner organisation.</i>	<i>Email address for the partner organisation.</i>

*If you need to include more organisations, you can insert additional rows...here's how:  
In the table, right click on your mouse > Insert > Insert row below*

Remember to submit a partnership statement with your application. *i.e. a statement from each organisation in a partnership application to confirm that they support the application*

# For Guidance Only

## Contact Information

### Primary Contact

*Complete this section with the details of the person with whom we can discuss this application during office hours (9am – 5pm). This person must be over 18 years old. If your application is successful, this will be the contact we will use for on-going, day-to-day correspondence.*

Position in Organisation:

Title:

First Name:

Last Name:

Telephone 1:

Telephone 2:

E-mail:

### Secondary Contact

*Complete this section with the details of the person with whom we can discuss this application if the primary contact is not available. The secondary contact should be contactable during office hours (9am – 5pm) and must be over 18 years old. If your application is successful, this person may be copied into correspondence to the primary contact and will be contacted if we are unable to contact the primary 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):

*For voluntary and community organisations: this must be your Chair, Secretary, Treasurer or senior/lead member of your governing body. For organisations that are both a registered charity and company, this must be a director or company secretary. The Trustee contact must be over 18 years old and must be different to the primary and secondary contact.*

Name:

E-mail:

Telephone:

# Project Information

<b>Project Name:</b> <i>(if different to Organisation name)</i>	<i>Insert the name of the project for which you are requesting funding support.</i>
---	---

**Who will directly benefit from this project?** *You can select more than one from the list below: The Council needs to know who will benefit from this project. Please tick the box / boxes that best represent the people who will directly benefit from this project. If you tick the 'Other' box, please provide further information about the people who will directly benefit from this project:*

<input type="checkbox"/> Armed Forces and Veterans	<input type="checkbox"/> LGBT	
<input type="checkbox"/> Asylum Seekers / Refugees	<input type="checkbox"/> BME <i>(please specify):</i>	
<input type="checkbox"/> Carers	<input type="checkbox"/> People with disabilities and/or long term illness <i>(please specify):</i>	
<input type="checkbox"/> Children, Young People & Families	<input type="checkbox"/> Gender <i>(please specify):</i>	
<input type="checkbox"/> Disadvantaged people (e.g. homeless, unemployed, victims of violence or abuse)	<input type="checkbox"/> Older People	
	<input type="checkbox"/> Other <i>(please specify):</i>	

**Please provide a summary of your intended project's aims**

*50 words max*

*This project aims to... Please explain what your project aims to achieve (maximum of 50 words).*

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**In which districts do the people who will benefit from the project live?**

*Please tick the relevant box / boxes below. Please note that if your project aims to serve both people who live within and outside the Nottinghamshire County boundary, you will need to confirm that at least 75% of the beneficiaries are Nottinghamshire residents. Projects that ONLY benefit people living outside of Nottinghamshire (including Nottingham City residents), will NOT be eligible for funding.*

<input type="checkbox"/> Ashfield	<input type="checkbox"/> Gedling	<input type="checkbox"/> Rushcliffe
<input type="checkbox"/> Bassetlaw	<input type="checkbox"/> Mansfield	<input type="checkbox"/> Nottingham City
<input type="checkbox"/> Broxtowe	<input type="checkbox"/> Newark and Sherwood	<input type="checkbox"/> Outside Nottinghamshire

**What information do you have to show that there is a need for this project?**

*How do you know there is a need for this project? Please provide information to show that there is a need for this project.*

**Does this project have the support of the local councillor for the area in which this project will be delivered?**

No

Yes

*Please tick the appropriate box and note that applications that do not have the support of their local councillor will not be assessed (i.e. will not be eligible for funding).*

*Local Councillor support is not a guarantee of application success.*

**Please provide the name of the councillor who is supporting this application:**

*Insert the name of the councillor who is supporting this application:*

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# Planning Your Project

**Please describe how the project contributes to the Local Improvement Scheme funding priorities.**

*Please refer to the 'Information for Applicants' document.*

**How will the public benefit from this project?**

*Please tell us how the people who use / access your project (or service) will benefit. What are the expected outcomes for service users?*

**How will the capital project be monitored and evaluated?**

*How will you know the extent to which service users are benefitting from your project / service? Please explain what you will do to gather monitoring and evaluation information, when you will do it, and who will be involved in monitoring and evaluation.*

**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?
<i>It is recognised that there are some difficulties and/or risks involved in all projects. Please provide information about the main difficulties and/or risks that you anticipate for this project.</i>	<i>How will your organisation address the anticipated difficulties and/or risks?</i>

Please complete this table using anticipated minimum figures for this **project** (not the organisation) per year. A funding year runs from 1<sup>st</sup> July to 30<sup>th</sup> June.

<b>Number of different direct beneficiaries:</b>	<i>Please insert the number of individual people that you expect to benefit from this project in a typical year (not the number of times each person will access your project). For example: Person A, and Person B each attend the project 10 times in one year. The number of different direct beneficiaries is 2.</i>	
<b>Number of different indirect beneficiaries (where applicable):</b>	<i>Please insert the number of individual people that you expect to indirectly benefit from this project in a typical year where applicable. For example: Person A, attends your project and is a direct beneficiary. There are 3 other people in person A's family and because person A benefits (e.g. as a result of debt or benefit advice), the rest of their family also benefit as a result. Therefore, the number of different indirect beneficiaries is 3 for person A. An estimated number of indirect beneficiaries is fine.</i>	
<b>Number of volunteers (excluding trustees):</b>	<i>Please insert the number of people expected to volunteer for this project in a typical year (irrespective of the number of hours they volunteer), NOT including trustees. An estimate is fine.</i>	
<b>Number of trustees:</b>	<i>Please insert the number of trustees.</i>	
<b>Number of paid staff working...</b>	<b>Full time*</b>	<i>Number of paid staff working 35 hours per week or more in a typical year.</i>
	<b>Part time*</b>	<i>Number of paid staff working less than 35 hours per week in a typical year.</i>
<i>*Note that: "A part-time worker is someone who works fewer hours than a full-time worker. There is no specific number of hours that makes someone full or part-time, but a full-time worker will usually work 35 hours or more a week." Source: <a href="https://www.gov.uk/part-time-worker-rights">https://www.gov.uk/part-time-worker-rights</a></i>		
<b>Number of volunteer hours:</b>	<i>Total number of volunteer hours in a typical year (excluding trustees)</i>	
<b>Number of trustee hours:</b>	<i>Total number of trustee hours in a typical year</i>	
<b>Number of project management / co-ordinator hours:</b> <i>e.g. planning, co-ordinating, administration, monitoring, evaluation</i>	<i>Total number of hours for management / co-ordination / planning time / monitoring and evaluation and administration of this project.</i>	
<b>How will the project be managed (including promotion and training)?</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Please provide information to explain how the project will be managed (or co-ordinated)</i></li> <li><input type="checkbox"/> <i>Your answer should also include information about how you plan to promote the project to attract people and how you plan to train and support staff and volunteers.</i></li> <li><input type="checkbox"/> <i>If you need to recruit volunteers, how do you plan to do this?</i></li> <li><input type="checkbox"/> <i>If your application is for partnership working, please explain how the partnership will be managed and also the process for managing disputes that might occur.</i></li> </ul>		

**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

<b>How many venues / locations will your project use?</b>	<i>Please insert the number of venues / locations where your project will be delivered.</i>	
<b>Please list up to three of your main venues / locations here:</b> <i>(including the postcode)</i> <i>If the project is delivered at more than 3 venues / locations and your application is successful, you will be asked to provide all venue / location details.</i>	1)	<i>Insert the address &amp; postcode</i>
	2)	<i>Insert the address &amp; postcode</i>
	3)	<i>Insert the address &amp; postcode</i>

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# Financial Information

<b>What is the total cost of the capital purchase?</b>	£
<b>How much capital funding are you requesting from NCC?</b> <i>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.</i>	£
<b>What is the anticipated start date of this project?</b>	
<b>What is the anticipated completion date of this project?</b>	
<b>What will the capital funding contribute towards?</b> <i>Please provide a breakdown of how the funding will be spent.</i>	
<b>How will the remainder of the capital funding be raised?</b> <i>Applicants can request up to 50% of the total cost of the capital purchase, therefore, please explain how the remainder of the capital funding will be raised.</i>	
<b>How much of the remainder of the capital funding is confirmed?</b>	£ <i>Please confirm how much of the remainder of the capital funding is already confirmed.</i>
<b>Is this organisation also applying to the Council for REVENUE funding? <i>Tick the box that applies:</i></b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If YES, does this Capital application rely on the success of the REVENUE application to the Council? <i>Tick the box that applies:</i></b>	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Project Sustainability / Legacy

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.

<input type="checkbox"/> Governing Document / Constitution
<input type="checkbox"/> Safeguarding Policy / Policies that are appropriate for the project as described in this funding application
<input type="checkbox"/> Health & Safety policy <i>This is only necessary for organisations with 5 or more employees</i>
<input type="checkbox"/> Equality and Diversity Policy
<input type="checkbox"/> Partnership Statement ( <i>partnership applications only</i> ) <i>i.e. a statement from each organisation in a partnership application to confirm that they support the application</i>
<b>Please note that if your application is successful, as a condition of your agreement you will be required to submit:</b> <ul style="list-style-type: none"><li>• an appropriate type and level of insurance,</li><li>• confirmation of match funding, <i>e.g. a copy of award letter(s) from other funders.</i></li><li>• quotations of costs for the work to be carried out,</li><li>• confirmation of land ownership / permission to use land, where appropriate.</li></ul>

## Any Other Information

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

## Declaration

<input type="checkbox"/> I am authorised to complete and submit this application on behalf of the organisation stated in this application.
<input type="checkbox"/> This application has the support of the governing body / management committee / board of trustees of the organisation stated in this application.
<input type="checkbox"/> 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.
<input type="checkbox"/> If this application is successful, the organisation will use the funding appropriately in line with value for money principles.
<input type="checkbox"/> 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.
<input type="checkbox"/> This project will be provided predominantly for the benefit of Nottinghamshire residents (at least 75% of beneficiaries will be Nottinghamshire residents).
<input type="checkbox"/> 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).
<input type="checkbox"/> 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.
<input type="checkbox"/> This application contains true and accurate information and I (or an authorised representative from my organisation), will inform Nottinghamshire County Council ( <a href="mailto:cvs.team@nottsc.gov.uk">cvs.team@nottsc.gov.uk</a> ), of any subsequent changes to the organisation contact details in writing ( <i>email is acceptable</i> ).

<b>Application completed by:</b>
<b>Role:</b>
<b>Date of completion:</b>

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@nottsc.gov.uk](mailto:cvs.team@nottsc.gov.uk).