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

**Organisation Details**

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

|  |  |
| --- | --- |
| **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 |
| [ ]  Other (please specify): |  |
| **Charity Commission number** *(if applicable)***:** |  |
| **Companies House registration number** *(if applicable)***:** |  |

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

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Remember to submit a partnership statement with your application.** |

**Contact Information**

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

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

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

**Project Information**

|  |  |
| --- | --- |
| **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… |
| **How many years has this project been running?** |
| [ ]  Not started\* | [ ]  Up to 1 year | [ ]  1 – 4 years | [ ]  5 – 8 years | [ ]  Over 8 years |
| \*If your project has not yet started, what date do you anticipate it will begin? |  |

|  |
| --- |
| **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 |

|  |
| --- |
| **What information do you have 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 provide the name of the councillor who is supporting this application:** |  |

**Planning Your Project**

|  |
| --- |
| **Please describe how the project contributes to the Local Improvement Scheme funding priorities.** |
|  |
| **How will service users benefit from this project?** |
|  |
| **How will the service user benefits outcomes 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?** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **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 meals you aim to provide** *(if applicable)***:** |  |
| **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 contact hours with beneficiaries:** |  |
| **Number of project management / co-ordinator hours:***e.g. planning, co-ordinating, administration* |  |
| **How will the project be managed (including promotion and training)?** |
|  |

|  |
| --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **How many venues will your project use?** |  |
| **Please list up to three of your main venues here:** | 1) |  |
| 2) |  |
| 3) |  |
| **Does your project involve visiting people in their own homes?** | [ ]  No[ ]  Yes |

**Primary Delivery Method**

|  |
| --- |
| **What will be the primary delivery method used in this project?** *(Please tick one box only)* |
| [ ]  Arts, culture and heritage | [ ]  Luncheon club |
| [ ]  Community transport | [ ]  Sport / physical activities |
| [ ]  Information and advice | [ ]  Trips & outings, social and/or personal development, and play |
| [ ]  Infrastructure support for other voluntary sector groups | [ ]  Visiting service |
| [ ]  Learning, training & development | [ ]  Other (please specify): |  |

**Financial Information**

|  |
| --- |
| **Please provide a breakdown of the anticipated costs involved in running this project per year.** *If the costs are likely to change from year to year, please give an average per year.* |
| **Item** | **Cost / value (£)** |
| **Cost of providing meals per year** *(if applicable)* |  |
| **Direct costs of delivering the project described in this application***These would not be incurred if the project does not happen, e.g. cost of employing a project worker for this project* | **Cost / value****(£)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Indirect Costs proportionate to the Project***Indirect costs may be incurred even if the project does not go ahead, e.g. rent, utilities.* | **Cost / value****(£)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL COST (DIRECT + INDIRECT COSTS)** |  |

|  |  |
| --- | --- |
| **How much revenue funding are you requesting from NCC per year?***Applicants can request up to 50% of the total cost of the Project per year.**The amount requested must be between £1,000 and £30,000 per year (however, the maximum award for partnership applications will be considered on a case-by-case basis).* | £ |
| **Please provide information about any additional funding (or income) for this project that the organisation expects to receive by June 2021.** |
| **Source of funding (or income)** | **Amount** | **What will this contribute towards?** |
| In-kind value of volunteer hours |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | £ | **Total amount of additional funding** |
| **How much of the additional funding (or income) is confirmed?** | £ |

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

|  |
| --- |
| **Please provide the following information from the most recent accounts approved by your organisation OR, if your organisation has been running for less than 18 months, please provide a projection for the first year.** |
| **Total income for the year:** | £ |
| **Total expenditure for the year:** | £ |
| **Surplus or deficit at the year-end:** | £ |
| **Total reserves at the year-end:** | £ |
| **What is your reserves policy?** |  |
| **Did you receive a management letter from your accountants after your last examination / audit?***If ‘yes’, please send us a copy of the management letter with your most recent accounts.*  | [ ]  Yes[ ]  No[ ]  Not applicable |

|  |
| --- |
| **Does your organisation have a ‘project sustainability plan’ for this project in place (this might be part of a business plan)?***To be eligible for funding applicants must have in place, or be working towards, a sustainability plan.**See also:* [*https://www.ncvo.org.uk/practical-support/information/funding*](https://www.ncvo.org.uk/practical-support/information/funding) *and* [*https://www.gov.uk/government/organisations/charity-commission/services-information*](https://www.gov.uk/government/organisations/charity-commission/services-information) |
| [ ]  Sustainability plan in place.[ ]  Working towards a sustainability plan.[ ]  No sustainability plan in place *and* not working towards one. |

**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 |
| [ ]  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.**
 |

**Any Other Information**

|  |
| --- |
| **If you have any other relevant information to support your application, please provide this below.***e.g. if your project uses more than one delivery method, you could list the others here.* |
|  |

**Declaration**

|  |
| --- |
| [ ]  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 and secure goods / services at reasonable costs 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, 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)*. |

|  |  |
| --- | --- |
| **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.