Local Improvement Scheme
Revenue Funding 2018-21 GUIDANCE

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

Organisation Details

|	
Organisation Name:	*Insert the name of the organisation*
Head Office Address:	*Insert the head (main) office address*
Postcode:	*Insert the post code*
Website / Facebook:	*Insert the website address and / or Face book link if your organisation has one*

Type of Organisation: *Click on the box next to organisation type:*	☐ 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)***:**	*If your organisation is registered with the Charity Commission, insert the charity registration number here.*
Companies House registration number *(if applicable)***:**	*If your organisation is registered with Companies House, insert the company registration number here.*

Is your organisation a branch of a larger organisation? *Tick the box that applies to your organisation:*	☐ No ☐ Yes
If yes, which organisation?	*Type the name of the larger (umbrella) organisation here to which your organisation/project belongs*

Are you planning to work in a formal partnership with another organisation to deliver this project? _Tick the box that applies:_ ⟶	☐ No ☐ Yes
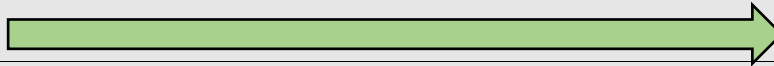
If yes, please list the partnership member details below:

Organisation	Contact Name	E-mail address
Partner organisation name	_Contact name for the partner organisation._	_Email address for the partner organisation._

**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_

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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:		

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

Project Name: *(if different to Organisation name)*	*Insert the name of the project for which you are requesting funding support.*

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:

☐ 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…

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

How many years has this project been running? *Please tick the relevant box below:*

☐ 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?

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.

☐ 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?

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? *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.*	☐ No ☐ Yes
Please provide the name of the councillor who is supporting this application: *Insert the name of the councillor who is supporting this application:*	

For Guidance Only

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 service users 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 service user benefits outcomes 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?
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.	*How will your organisation address the anticipated difficulties and/or risks?*

Please complete this table using anticipated minimum figures for this <u>project</u> (*not the organisation*) per year. *A funding year runs from 1st July to 30th June.*		
Number of different direct beneficiaries:	*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.*	
Number of meals you aim to provide (*if applicable)*:	*If your project plans to provide meals, please insert the number of meals that you expect to provide in a typical year.*	
Number of different indirect beneficiaries *(where applicable)***:**	*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.*	
Number of volunteers (excluding trustees):	*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.*	
Number of trustees:	*Number of trustees.*	
Number of paid staff working…	**Full time***	*Number of paid staff working 35 hours per week or more in a typical year.*
	Part time*	*Number of paid staff working less than 35 hours per week in a typical year.*
*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: https://www.gov.uk/part-time-worker-rights		
Number of volunteer hours:	*Total number of volunteer hours in a typical year (excluding trustees)*	
Number of trustee hours:	*Total number of trustee hours in a typical year*	
Number of project contact hours with beneficiaries:	*Total number of hours in a typical year that the project / service will deliver / be accessible to beneficiaries (excluding management / co-ordination / planning time / monitoring and evaluation and administration time).*	
Number of project management / co-ordinator hours: *e.g. planning, co-ordinating, administration, monitoring, evaluation*	*Total number of hours for management / co-ordination / planning time / monitoring and evaluation and administration of this project.*	

How will the project be managed (including promotion and training)?

- ☐ *Please provide information to explain how the project will be managed (or co-ordinated) on a day-to-day basis.*
- ☐ *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.*
- ☐ *If you need to recruit volunteers, how do you plan to do this?*
- ☐ *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.*

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 / locations will your project use?	*Please insert the number of venues / locations where your project will be delivered.*	
Please list up to three of your main venues / locations here: *(including the postcode)* *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.*	1) *Insert the address & postcode*	
	2) *Insert the address & postcode*	
	3) *Insert the address & postcode*	
Does your project involve visiting people in their own homes? *Please tick the appropriate box:*	☐ 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 *(this includes Summer Play Schemes)*
☐ Infrastructure support for other voluntary sector groups	☐ Visiting service
☐ Learning, training & development	☐ Other (please specify): *Please enter any other delivery method here.*

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.* *Please only include items that are eligible for Local Improvement Scheme funding as explained in the Information for Applicants document*	
Item	**Cost / value (£)**
Cost of providing meals per year *(if applicable)*	*Insert the cost of providing meals in a typical 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 (£)**
Please list the direct cost items:	*Insert the cost of each direct cost item:*
If you need to include more organisations, you can insert additional rows…here's how: *Click on the table > right click on your mouse > Insert > Insert row below*	

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 (£)**
Please list the costs that the organisation would pay even if the project does not go ahead, such as rent, gas, electricity. The indirect cost should be proportionate to the total cost. For example, if rent for the entire organisation costs £8,000 per year and the project for which you are requesting funding is delivered for 25% of the time at the organisation's premises, the indirect costs for rent would be £2,000 (as this is a cost that the organisation would have to pay whether or not the project goes ahead). *Another example is where a manager might be employed to manage the overall organisation. The manager is paid £20,000 per year and 25% of their time is dedicated to the project for which you are applying for funding. Therefore, the organisation could apply for £5,000 management costs (i.e. 25% of £20,000).*	*Insert the proportionate cost of each indirect cost item:*
If you need to include more organisations, you can insert additional rows…here's how: *Click on the table > right click on your mouse > Insert > Insert row below*	
TOTAL COST (DIRECT + INDIRECT COSTS)	*Insert the total cost: direct plus 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 *The 'in-kind' value of volunteer hours is the financial (economic) value that volunteers contribute to the project for which you are applying for funding. There are many possible ways to calculate the value of volunteer hours. If you do not already have a formula for doing this within your organisation, for the purposes of this application, please multiply the total volunteer hours by £7.05.*	£	*Please list the tasks / activity / roles that volunteers will do.*
Please list the other sources of funding (or income).	£	*Please list what the other sources of funding (or income) will contribute to.*
If you need to include more organisations, you can insert additional rows…here's how: Click on the table > right click on your mouse > Insert > Insert row below		
	£	**Total amount of additional funding**

How much of the additional funding (or income) is confirmed? *Your other (additional) funding (or income) may or may not yet be confirmed – please advise the Council how much of the other (additional) funding is confirmed.*	£

Is this organisation also applying to the Council for **CAPITAL** funding? *Tick the box that applies:*	☐ No	☐ Yes
If YES, does this Revenue application rely on the success of the **CAPITAL** application to the Council? *Tick the box that applies:*	☐ No	☐ Yes

Please provide the following information from the most recent approved accounts for 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?	*Please explain your reserves policy here*

Did you receive a management letter from your accountants after your last examination / audit?	☐ Yes
If 'yes', please send us a copy of the management letter with your most recent accounts.	☐ No
Please tick the box that applies to your organisation:	☐ Not applicable

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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 and https://www.gov.uk/government/organisations/charity-commission/services-information

Please tick the box that applies below:

☐ 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 *This is only necessary for organisations with 5 or more employees.*
☐ Equality and Diversity Policy
☐ Partnership Statement *(partnership applications only) i.e. a statement from each organisation in a partnership application to confirm that they support the application*
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.** *e.g. a copy of award letter(s) from other funders.*

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.