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| S106 HOUSING DEVELOPER FUND |
| **All questions on the form must be answered (if not applicable – please state this on the form)**  **Please do not leave questions blank as this may delay your application**  **Please tick box below to indicate which scheme and insert codes and area you are applying for** |
| **AN ELECTRONIC VERSION OF THIS APPLICATION FORM IS AVAILABLE ON REQUEST** |

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| **SECTION ONE: ABOUT YOUR ORGANISATION** | |
| **1. Organisation/Group Name:** | |
| **Address (or meeting place):**  **Postcode:** | |
| **Telephone:** | **Email:** |
| **2. Principal Contact Name: Title: Mr/Mrs/Miss/Ms/Other** | |
| **Position in Organisation:** | |
| **Address (for correspondence):**  **Postcode:** | |
| **Telephone:** | **Email:** |
| **3. Please summarise the general aims and objectives of your organisation?** (Include information on what your organisation does and who uses your services, please do not include details of your project here, that comes later.) | |
| **4. What is the status of your organisation?**  **Registered Charity Voluntary Organisation Community Group**  **Tenants Association Other** (please specify below) | |
| **5. What date did your organisation start?** | |
| **6. Does your organisation have a constitution?**  **Yes Please enclose a signed and dated copy**  **No Please call prior to submitting your application** | |
| **7.** **In which areas of** **Northumberland does your organisation work?** | |
| **8. In addition to submitting your most recent audited accounts, please complete summary below(if applicable): Account year ending: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_** date/month/year   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Total Gross Income** | **£** |  | **Total Expenditure** | **£** | | **Profit/Loss for Year** | **£** |  | **Savings (reserves, cash, investments** | **£** | | |

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| **SECTION TWO: ABOUT YOUR PROJECT** | **GUIDANCE NOTES** |
| **9a) Please give details of the project including exact location(s) including postcode in the above box -** (please include all supporting information ie plans, drawings or photos, consultations ) you may use additional pages if necessary:  **9b) Please give details of accessibility for those with difficulties and/or disabilities:** | *IMPORTANT:*  *Please refer to the evaluation criteria sheet and ensure you include as much information as possible as your application will be considered against this.*  *Photos/drawings (before and after) can help the panel visualise your project.*  *Please give information on any considerations that have been made for those with difficulties and/or disabilities* |
| **10. Please give full details:**  **a) How was the need for this project identified?**  (give details of any consultation that has been or is about to be undertaken in connection with this project/activity)  **b) What will be the outcomes of the project? (**What impact will it have? How will you know if the project has been successful?) | *Please show how you know there is a need for this project/activy. Is there evidence of consultation, has your project been discussed with relevant organisations. Please include dates, letters, copies of surveys.*  *Make sure you give details of what the project will achieve (ie widening/ sustaining sports opportunities, involvement of young people, healthier lifestyles, increase number of teams. Who will benefit from the project? What will it do for the community?)* |
| **11. If property or land is involved in the delivery of this project/activity, please complete the following grid regarding permissions** (you **must** include evidence of permissions already granted)   |  |  |  |  | | --- | --- | --- | --- | | **Property/Land Name** | **Name of Owner** | **Owner Permission** | **Planning Permission** | |  |  | Sought / granted / not applicable | Sought / granted / not applicable | |  |  | Sought / granted / not applicable | Sought / granted / not applicable |   **12. If your organisation is not the owner of the land, is there is a lease agreement between yourselves and the owners of the land?**  **Yes If yes, please state the length & date:**  **No If no, please circle: Not Required / Under discussion / Own Land / Other and explain the reason(s):**    **13. Please give details below of who will manage the delivery the project?:**    **14. How will the project be managed after completion?:**    **15: Please give details of any maintenance costs and how they will be met?:**  **Annual maintenance cost £ will be met by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **16. Please give an estimate of how many people will benefit from the proposed project / activity weekly and include the breakdown in the chart below?**   |  |  |  |  | | --- | --- | --- | --- | | Category | Weekly Number | Category | Weekly Number | | Those aged 5 and under |  | Men over 65 |  | | Those aged 6 – 16 |  | Those with disabilities |  | | Those aged 17 – 65 |  | Registered Unemployed |  | | Women over 65 |  | Ethnic Minorities |  |   **Weekly total = Annual total = (in most cases this will be the weekly total x the number of weeks the activity takes place)** | *We need to know if owner/leaseholder consent has been sought/granted and also whether the appropriate planning procedures have been undertaken.*  *If your organisation does not own the land then we must have evidence of a long lease (usually 25 years)*  *Please explain how your group intends to manage the project and maintain the facility and how any running costs will be met after completion.* |
| **17. When are you planning for your project/activity to take place:**  **Start Date (month/year) End Date (month/year)** | ***NB: goods, services, project activity that takes place prior to the date of decision cannot be funded*** |
| **SECTION THREE: FUNDING FOR YOUR PROJECT** | |
| **18. a) First we need to know the total cost for your project as a whole:**   |  |  | | --- | --- | | **PLEASE STATE THE TOTAL COST OF YOUR PROJECT**  **NB: we will need you to supply at least two competitive quotations to support this** | **£** |   **b) Next we need to know about all the contributions to your project:**   |  |  |  |  | | --- | --- | --- | --- | | **Please list all the organisations/amounts of additional funding for this project and state whether already secured** (include any amounts contributed by your organisation and/or town/parish council in this section): | | | | | **Contributor Name** | **Secured /**  **Not Secured** | **Date Secured or**  **Decision Date** |  | |  |  |  | **£** | |  |  |  | **£** | |  |  |  | **£** | |  |  |  | **£** | |  |  |  | **£** | | **TOTAL CONTRIBUTIONS** | | | **£** |   **c) Finally we need to know the amount you are requesting from the Housing Developer Fund** (this would normally be the difference between the amount listed in **a** and the amount listed in **b** above):   |  |  | | --- | --- | | **AMOUNT OF GRANT REQUESTED FROM HOUSING DEVELOPER FUNDS (subject to fund availability)** | **£** | | *You must include TWO written quotes to support the cost of all the work to be undertaken in your project. (18a)*  *Please give names & amounts of other contributions to make up the full cost of the project including whether the monies have been secured or not*  *Please state here the actual amount you are requesting from the Housing Developer Fund* |

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| **SECTION FOUR: ADDITIONAL INFORMATION** | |
| **19. Does your club/organisation have a quality mark or equivalent (sports organisations only)?**    **YES NO WORKING TOWARDS**  NB: If Yes, please give enclose a copy of your quality mark. If working towards, please give details including timescales**.**  **20. Does your club/organisation have a business/development plan?**  **YES NO WORKING TOWARDS**  NB: If Yes, please give enclose a copy of your quality mark. If working towards, please give details including timescales. |  |
| **SECTION FIVE: DECLARATION** | |
| * I/We confirm that to be best of my/our knowledge the information provided is correct. * I/We agree to provide any additional information, which the Council may require. * I/We agree that any award approved will be used solely for the purpose set out in this application. * I/We agree to Northumberland County Council auditors having the right to inspect relevant documents. * I/We agree to monitoring (visit and/or form completion) to verify eligible spend and adherence to equality and diversity legislation. * I/We agree to acknowledge the award from the Housing Developer Fund (as appropriate). * I/We agree that Northumberland County Council may use the project/activity to promote the Housing Developer Fund scheme. * I/We agree to repay or refund the award in whole if we fail to complete the project or any of the terms and conditions are breached.   Signed: Print Name:  On behalf of (Organisation Name):  Position within Organisation: Date: | |
| **SECTION SIX: CHECKLIST** | |
| **Before you submit your application, please ensure you have included the following:**  *Please remember if you have not answered all relevant questions and included all the information and documentation we require*  *your application may be delayed*.  Tick here to confirm you have included a signed & dated copy Constitution of the organisation (if applicable)    Tick here to confirm you have included an audited copy of the accounts relating to the most recent financial year (to include a balance sheet and an income and expenditure account) (if applicable)    Tick here to confirm you have included two written estimates for all the goods/ works/ activity involved  Tick here to confirm you have supplied evidence of any planning permissions granted (if applicable)  Tick here to confirm you have supplied evidence of your club/organisation quality mark (if applicable)    Tick here to confirm you have supplied evidence of any club/organisation development plan (if applicable)  **Please return this form to:**  **Maureen Dixon, Strategic Leisure Team, Active Northumberland,**  **Northumberland County Council, County Hall, Morpeth, NE61 2EF**  **Tel: 01670 623880 Email: mdixon@activenorthumberland.org.uk** | |