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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

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| --- | --- | --- | --- | --- |
| **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)

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| --- | --- | --- | --- |
| **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:**

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| **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:**

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| **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):

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| **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** |