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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.*****To aid completion of this application form, please refer to the following supporting documentation which can be downloaded from the NCC website - Funding for Sport and Play page*:*** **Guidance Notes**
* **Additional Notes to support completion of the application form**
* **Evaluation Criteria**
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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, etc ) you may use additional pages if necessary):*** | ***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.* |
| **9b) Please give details of accessibility for those with disabilities to include consideration of those with mobility impairments (including wheelchair access to the play area and use of the equipment), visual impairments and hearing impairments. This list is not exhaustive, so consideration can be given to other disabilities such as Autistic Spectrum Disorder (ASD) or any other disability identified from local community consultation. It is not a requirement that all play equipment should be fully accessible to all, but the s106 panel would need to be content that consideration has been given to the needs of the disabilities when funding play provision.** | ***IMPORTANT:*** *Please demonstrate what consideration has been given to those with disabilities.* |
| **10. Please give full details:****a) How was the need for this project identified? (*Provide justification for the need for the* *project and include any supporting evidence ie. results from community consultation, letters of support, feasibility study report, inspection report etc*)****b) What will be the outcomes of the project? (*What impact will it have? How will you know if the project has been successful?)***  | *I****MPORTANT****: Please read Evaluation Criteria sheet.* *Please demonstrate how you know there is a need for this project/activity. 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):** | *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)* |
| **13. Please give details below of who will manage the delivery the project?:** **14. How will the project be managed after completion?:** **15(a): Please give details of any maintenance costs and how they will be met?:****Annual maintenance cost £ will be met by:** **15(b) Please demonstrate what consideration has been given to sustainability, maintenance and longevity of the play equipment, recreation space or sports facility etc. (*If relevant, provide supporting evidence such as design plans, supplier guarantees, maintenance programmes, details of sinking funds).*** | *Please explain how your group intends to manage the project and maintain the facility and how any running costs will be met after completion.* |
| **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)**  |  |
| **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 realistic like-for-like estimates for all the goods/ works/ activity involved Tick here to confirm you have included (where appropriate) documentation evidence to support the need for the project eg. results of community consultation, letters of support, inspection report etcTick 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, Northumberland County Council, County Hall, Morpeth, NE61 2EF****Tel: 01670 623880 Email: maureen.dixon@northumberland.gov.uK** |