**Northumberland Inclusive Economy Community Partnership**

**Expression of Interest Form**

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| **Contact Details** | | | | | | | | |
| Project Name | Click here to enter the name of your project. | | | | | | | |
| Organisation | Click here to enter the name of your organisation. | | | | | | | |
| Contact | Click here to enter your name. | | | Role | | Click here to enter your role. | | |
| Email address | Click here to enter your email address. | | | Phone Number | | Click here to enter your phone number. | | |
| **Project Overview** | | | | | | | | |
| Project summary | Click here to enter a brief description of your project (up to 300 words). | | | | | | | |
| Location | Please tick all the wards in which your project will run. | | | | | | | |
| Amble  Ashington Central  Bedlington Central  Bedlington East  College  Cowpen  Croft  Hirst  Isabella | | | Kitty Brewster  Lynemouth  Newbiggin Central and East  Newsham  Plessey  Seaton with Newbiggin West  Sleekburn  Stakeford  Wensleydale | | | | |
| Project start date | Click to enter an approximate start date for your project. | | | Project end date | | Click to enter an end date for your project. | | |
| **Project outputs** | | | | | | | | |
| Will any facilities be created or supported? | | | Yes  No | | If so, how many? | | Click to enter number. | |
| How many people will attend training sessions? | | | | | Click to enter number. | | | |
| Will you put on any local events or activities? | | | Yes  No | | If so, how many? | | Click to enter number. | |
| How many volunteering opportunities will be supported? | | | | | Click to enter number. | | | |
| **Project outcomes** | | | | | | | | |
| How many volunteering opportunities will this project create? | | | | | | Click to enter number. | | |
| What percentage increase in engagement will this project achieve? | | | | | | Click to enter number.% | | |
| **Financial information** | | | | | | | | |
| Type of funding required | Please tick all that apply.  Revenue  Capital | Revenue amount required | | £Click here to enter the amount of revenue funding required. | | Capital amount required | | £ Click here to enter the amount of capital funding required. |
| If capital funding is required, do you have all permissions in place to begin the project? | | | | | | | | Yes  No |
| Can the project be scaled, if less funding is offered? | | | | | | | | Yes  No |
| Have you secured any match funding? | | Yes  No | | If yes, how much? | | | | £Click here to enter the amount of match funding secured. |
| **Additional information** | | | | | | | | |
| Have you had support to develop the project? | | Yes  No | | If yes, who supported you? | | Northumberland CVA  CVA Blyth Valley  Northumberland County Council | | |

Please email completed forms to [employabilityandinclusion@northumberland.gov.uk](mailto:employabilityandinclusion@northumberland.gov.uk)