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| **COMMUNITY WELLBEING FACILITIES FUNDPLACE BASED INVESTMENT PROGRAMME (PBIP)** **EXPRESSION OF INTEREST FORM****2022 / 2023** |

Completed project application forms must be emailed to:

grants@south-ayrshire.gov.uk

The closing date for applications is 5pm on the 24th November 2022

Please refer to the associated guidance when completing this application form.

* **All projects must be committed by 31st March 2023.**
* **The maximum you can apply for is £25,000**
* **This fund is for capital work only and will not cover revenue costs**

**SECTION 1 – ORGANISATION DETAILS**

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| **a** | **Organisation Name** |  |
| **b** | **Organisation Address** |  |
| **c** | **Website** |  |
| **d** | **Type of organisation** **(voluntary organisation, charity, CIC, Ltd. by guarantee, SCIO, unincorporated association** **etc. or private sector)**  |  |
| **e** | **If a charity or Limited Company please include your number** |  |
| **f** | **Is your organisation VAT registered?**  | Yes [ ]  No[ ]  |
| **g** | **Does your group/organisation have a bank account?** | Yes [ ]  No [ ]  In progress[ ]  |

**SECTION 2 – CONTACT DETAILS**

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| **The contacts below will be required to read the guidance notes and consent to be contacted by the council officers managing this fund including for monitoring and evaluation purposes.**  |
|  | **Contacts** | **Lead Contact** | **Secondary Contact** |
| **a** | **Name** |  |  |
| **b** | **Position in Organisation** |  |  |
| **c** | **Contact E-mail** |  |  |
| **d** | **Contact Telephone Number** |  |  |
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**SECTION 3 – PROJECT DETAILS**

Please refer to associated Community Wellbeing Facilities Fund guidance on completing this application. Also note the word count limit.

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| **a** | **Project Title** |  |
| **b** | **About Your Project**Please summarise your capital project and what this fund would help to deliver? (500 words max) Please refer to the assessment criteria in the guidance notes. Your project can feature multiple proposals and ideas for the place you are applying for.  |
| **c** | **What community will this project be delivered in and what communities will benefit? (100 words maximum)** |
| **d** | **If your project will require maintenance in future years how will your organisation achieve/fund this?**  |
| **e** | **Does your project aim to fulfil either, or both of the following objectives?** Accelerate our ambitions for net zero [ ] Accelerate ambitions for wellbeing [ ] **does your project also aim to fulfil any of the following associated objectives? Please tick all that apply**Town centre revitalisation [ ] Community led regeneration [ ] 20 minute neighbourhoods [ ] Project shaped by the needs and aspirations of the local community [ ] Inclusive economic development [ ] Tackle inequality and disadvantage [ ] Promote community involvement and ownership [ ] Community Wealth Building [ ]  |
| **f** | **Estimated start date:** |  |
| **g** | **Estimated completion date:** |  |
| **h** | **Is your application submitted in partnership with other organisations?** Yes [ ]  No[ ] **If yes, please detail.**  |
| **i** | **In relation to this project, have you undertaken any consultation or feasibility studies** Yes [ ]  No[ ]  |
| **j** | **If your project relates to a property or land please confirm whether you own, or lease the property or land** Yes [ ]  No [ ]  Don’t know [ ] **If no, an indication that the owner is supportive or aware that plans will be required. Please detail how you will provide evidence of support:** |
| **k** | **Please tick/populate as appropriate:** **Are you aware of the appropriate consents required for this project?** Yes [ ]  No [ ] **Do you have:** * Statutory consents for your project in place [ ]
* Planning, including listed building and conservation area consents [ ]
* Building Warrants [ ]
* Evidence of Pre application discussion [ ]  Please include your reference number \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable[ ]
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**SECTION 4 – PROJECT COSTS**

|  |  |
| --- | --- |
|  | **£** |
| **a** | **How much are you requesting from the PB Community Wellbeing Facilities Fund?** |  |
| **b** | **Would your project be suitable for other types of funding?**Yes [ ]  No [ ]  |
| **c** | **If you are successful, will this funding be used as match funding?**Yes [ ]  No [ ] **If yes, have the other sources been confirmed?** |
| **d** | Please provide a full break down of costs for your project. |  |

**SECTION 5 – DECLARATION AND CONDITIONS**

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| I, on behalf of, (organisation name): * Certify that to the best of my knowledge the information contained in this application is true and accurate and will adhere to the following terms and conditions;
* Understand that making this application does not entitle the organisation to funding as a right;
* Will not commence or commit any expenditure before receiving approval of the funding;
* Confirm that the quotations are bona fide competitive quotes;
* Will provide the External Funding officer with digital colour photos of the work, both before and after the work has been completed. I understand that these images will be kept on record and used for future publicity;
* Understand that this funding award does not cover retrospective work;
* Confirm that the organisation has read and understood the guidance notes provided with this application;
* Understand that to make any misleading statement in relation to this application could make the application invalid, or may mean the organisation has to repay the funding;
* Understand that this application is subject to appropriate checks and meets appropriate conditions such as planning, procurement guidelines, and other statutory consents; and
* Has read the associated guidance before completing and submitting this application form.
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Signature: Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

On behalf of: (Organisation name)

**Please submit your application, and all supporting information to:**

External funding Officer

grants@south-ayrshire.gov.uk