

Draft BCP CIL Neighbourhood Portion Bid Form

1. Applicant Details:	
Contact name	
Community group / organisation	
Address	
Contact phone number	
Contact email address	
Charity number if applicable	
VAT Registered: Yes / No	
What are the aims of the organisation? i.e what has the charity or group etc been set up to achieve. This may be found on the front page of their constitution	
2. Project Details:	
Site address / location. Please provide a location plan if possible.	
Description of scheme (no more than 500 words – please attach any supplementary information such as supporting drawings, photos or brochures.	
Briefly describe how the scheme will support and benefit the development of your local area by funding either a) the provision, improvement, replacement, operation or maintenance of infrastructure; or b) anything else that is concerned with addressing the demands that development places on an area. Explain the benefits to the local community that delivery of the project will bring:	
Will the project provide wider Bournemouth / Poole community benefits? If any, please explain:	
3. Community Support:	
Is this proposal supported by local Ward Councillors representing the area where the project will be located? If yes please provide confirmation below:	
In addition to any Ward Councillor support, please provide confirmation of other local community support for the project:	
4. Project Cost (including VAT):	
Total cost of project and budget lines. Please provide details of the following: <ul style="list-style-type: none"> • The total (gross) cost of the project. Include separated detailed cost breakdown if necessary. • Details of any additional funding secured from other sources to help deliver the project 	
Total CIL funds sought:	£

If the total CIL funds sought exceed £100,000, please provide the exceptional reasons why the Council should consider allocating this level of funding:

Please state if the bid is being submitted through Scheme 1 or Scheme 2. If Scheme 2 please provide details and justification for use of this route:

5. Delivery Details:

Please provide the anticipated project start and end dates:

Will the scheme be on public or private land and has the landowner given permission for the project to proceed? Please provide details of support:

Who will deliver the project? (e.g. the Council, applicant or a 3rd party):

If relevant, has this project been discussed with the relevant Council department that would be responsible for delivery and / or future maintenance? Please provide details:

What consents are needed to deliver the project i.e. planning permission and how will these be secured?

Describe how the revenue / maintenance costs, if not covered by the sought CIL funds, will be funded for the lifetime of the project:

6. Other matters

Please confirm that you have no conflict of interest with this grant. Eg you or member of your family does not benefit from the work of this organisation, by ticking this box

How will you be able to monitor the success of the project you are asking to be funded? It will be the Applicant's responsibility to ensure that the money given is spent correctly. Please tell us how you will do that.

Name of bank account the grant is to be paid into : *The Council's preferred method of payment is through bank transfer. We need a bank account name together with their bank's details for an external charity or residents group etc. Projects within the Council will be paid by a finance transfer so we will need a cost code.*

Bank Account Name:

Name of Bank:

Sort Code:

Account number:

Will this project mainly benefit a particular group, e.g. black or ethnic minority/older/young. If so please give details: *Although not absolutely essential, this question allows us to monitor where council grants are going and ensure that they are being distributed fairly.*

Are there any other implications from this project that might impact (positively or negatively) on a group that has protection under the Equality Act 2010 (i.e. age, disability, gender reassignment, race, religion, or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity.)?

IMPORTANT

If the organisation serves vulnerable people, e.g. older people, children, disabled people etc., we have a duty to ensure that the appropriate safeguards are in place. Please confirm by signing below that you have checked that the organisation has the correct policies, e.g. Child Protection Policy, Vulnerable Adults Policy, Equal Opportunities Policy. Please enclose copies if possible.

Signature:

Date:

By signing and submitting this application you are agreeing that the statements that you have made are correct and that any grant paid will be subject to return to ? if found not to have being used for the purposes stated.

Please note that although we will endeavor to give as much support as possible, incomplete applications will be returned to you.