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**Neighbourhood Improvement Budget**

**Application Form**

**Please read the guidance notes before filling in the form**

**There are 17 questions to complete.**

|  |  |
| --- | --- |
| 1. 2.3.4. | Name of group/organisation:How long has your group been established?Name of your proposed project:Are you working with any another organisation or group? Please provide the names of the organisations/groups |

5. Is your group constituted? (If yes, please provide a copy of the constitution)

YES [ ]  NO [ ]

6. Does your group have a bank account?

YES [ ]  NO [ ]

If yes, please complete bank details below.

Account name:

Account Number:

Sort Code:

Bank name and address:

7. What are the top 3 aims of the group?

1.

 ­­­­­­­­­­­­­­­­­

2.

3.

8. Your Project – Please provide a summary of the proposed project/event

9. How would the project have a positive impact on your community and what would be the long term benefits?

10. If your project involves working on a piece of land or a building, do you know who owns or leases it? If yes, please state whom

11. What is the address of your proposed project?

12. How will your project be sustained in the future?

13. Please provide a full cost breakdown for your project, including costs not being applied for from this funding, use additional sheets if required.

|  |  |
| --- | --- |
| **ITEM** | **COST (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

14. How much money are you applying for from the Neighbourhood Improvement Budget?

£\_\_\_\_\_.\_\_\_\_

15. If you are not applying for the full cost of your project from the Neighbourhood Improvement Budget, where will the remaining funding come from? (Parish Councils are required to evidence at least 50% match funding)

1. £\_\_\_\_.\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed: Yes / No
2. £\_\_\_\_.\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed: Yes / No
3. £\_\_\_\_.\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed: Yes / No
4. £\_\_\_\_.\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirmed: Yes / No

16. Community Involvement Support

Does your group wish to access additional support from the Community Involvement Team? (this could cover looking for additional funding, offering advice, attending planning meetings etc.)

YES [ ]  NO [ ]

17. Disclaimer - two group members are required to sign below

I hereby confirm that, to the best of my knowledge on the date stated below, all the information given above is factual. I agree to abide by the conditions as stated below:

I agree to spend the money on the project outlined in this application only. I agree that if the money has not been spent within 6 months of receipt I will contact the Community Involvement Team to arrange repaying the money back to Rykneld Homes Ltd, unless a formal extension is agreed in writing. I agree to complete the end of funding report within one month of spending the money. I agree to include Rykneld Homes in any promotional literature to acknowledge their contribution to the project. I agree to invite a Rykneld Homes representative to any promotional/ celebratory events directly associated with the funding granted.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Post Code |  |
| Telephone |  |
| Email |  |
| Position in Group |  |
| Signed |  | Date: |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Post Code |  |
| Telephone |  |
| Email |  |
| Position in Group |  |
| Signed |  | Date: |

**Please return the completed application form to**:

Community Involvement Team, Rykneld Homes, 2013 Mill Lane, Wingerworth, Chesterfield, Derbyshire, S42 6NG

Email: get.involved@rykneldhomes.org.uk Tel: 01246 217670

**For office use:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Processed by | Comments |
| Application form received  |  |  |  |
| Letter of receipt sent  |  |  |  |
| Letter of award or refusal sent |  |  | Amount awarded: |
| Invoice sent for payment |  |  |  |
| Confirm receipt of money |  |  |  |
| End of funding report received |  |  |  |
| If support was given in the completion of the form please declare by whom: | Name:Signature: |