### **MAIN PROJECTS: Eligibility Questionnaire**

**If your organisation is interested in seeking European funds through the CLLD programme, please complete this form and return it via email to** [folkestonecommunityworks@shepway.gov.uk](mailto:economy@shepway.gov.uk)

***Please note*** that completion of this form does not constitute a contractual agreement between Shepway District Council, the Accountable Body for the Folkestone CLLD Programme, and your organisation. Additional stages of the application process will need to be completed if the funding for this programme is confirmed.

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| **ORGANISATION INFORMATION** | |
| 1. **Name of Organisation:** |  |
| 1. **Address:** |  |
| 1. **Website address:** |  |
| 1. **Company registration number:** |  |
| 1. **If VAT registered please note VAT Registration No.** |  |
| 1. **Organisation status (plc, ltd, charity, etc.):** |  |
| 1. **Approximate start date of organisation** |  |
| 1. **What does your organisation do? (max 250 words)** |  |
| 1. **Approximate number of years organisation has published accounts** | No. of years of published accounts  I have attached/enclosed previous two years of accounts |
| 1. **What percentage of the funding your organisation received in the last financial year has come from public sources?** |  |

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| 1. **Has your organisation received any funding or services that constitutes State Aid in the last 36 months.**   Yes No  If yes please :  £  **Confirm total value**  **Provide details below**: | |
| **PROJECT INFORMATION** | |
| 1. **Main contact– name and job title** |  |
| 1. **Main contact - email:** |  |
| 1. **Main contact - telephone/mobile :** |  |
| 1. **Please give a brief project description (max 250 words)** |  |
| 1. **Please outline the areas within Folkestone where projects beneficiaries will come from.** |  |
| 1. **Will any other partners be involved in the delivery of this project**   Yes No  If **yes** please :  **Name all partners organisations**  **and provide contact** | |
| 1. **Is your organisation likely to be the Lead partner for the delivery of this project**   Yes No  If **no** please :  **Name the likely lead partner organisation** | |

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| 1. **Which of the following Folkestone CLLD issues will your project support?** Please tick the relevant ones below. | |
| Work experience and job preparation for young people | Getting people back into work and job retention |
| Emotional and physical well-being services | Promoting financial wellbeing |
| Support and development of social enterprise | Support for business inc start-ups |
| Provision of ‘DIY space’ and/or incubation facilities | A central networked hub to facilitate the delivery of integrated programming and services - a Community Hub |
| 1. **Which of the following groups will your project work with?** Please tick the relevant ones below. | |
| Young people not in education or employment | Inactive in the workforce |
| Unemployed Aged 25-65 | Over 50 and inactive or unemployed |
| Inactive or unemployed with disability | Ethnic minorities |
| Small businesses | people wanting to start a business |
| 1. **What is the estimated total project cost?** |  |
| 1. **What is the estimated value of match funding that will be contributed to the estimated total project costs** | Value of Match Funding match as % of project costs |
| 1. **Where will the match funding come from?**   Staff time Volunteer time Cash from charitable giving  Cash from other funding organisations (if so please provide details below) | |

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| **ORGANISATION EXPERIENCE** | | |
| 1. **Have you worked on European Funded projects previously? Yes/No**   If yes, please provide details below. | | |
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| **23. Do you have experience of managing evidence gathering and claims processes? Yes/No** | | |
| If yes please provide details below. | | |
| **By signing this form, you will be added to the Folkestone Community Works local network and agree to receive information about the programme** | | |
| **Date** | **Company contact signature** | |
| **Data Protection Act 1998: This data is being held by Folkestone CLLD who may wish to contact you regarding other relevant services.** | | Please tick the following if you do want to be contacted about these services by  Email Telephone Post  We may also want to share this information with your local Growth Hub. Please tick the following if you are happy for us to do so to enable a long-term, joined up approach to local service provision. |