###  **MAIN PROJECTS ELIGIBILITY QUESTIONNAIRE: Assessment Form**

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| **Name of Lead Applicant:** |
| **Name of Project:** |
| **Name of main contact:**  |
| **Contact email:** |

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| **ORGANISATION INFORMATION** |   |  |  |

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|  | **Score**  | **Justification of Score** |
| Organisation status | If eligible reject |  |
| Company registration number | Y/N |  |
| Accounts supplied | Y/N |  |
| % of funding from public sources in the last year | Info only |  |
| Received funds or services that constitutes State Aid in the last 36 months | Y/N |  |
| What amount of State Aid has the organization received in the last three years | Y/N |  |
| If Yes: Is De Minimis applicable | Y/N |  |
| If No: Are any GEBR exemptions applicable | Y/N |  |
| If Yes: State the applicable GEBR exemptions |  |
| If No – there are no relevant GEBR exemptions and De Minimis level breached | If No reject/revise |  |

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| **PROJECT INFORMATION** |   |  |  |

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|  | **Score**  | **Justification of Score** |
| Project working in CLLD area | **reject/revise** |  |
| Working in 20% most deprived LSOAs | Y/N |  |
| **CLLD issues supported** | If nonereject / revise |  |
| Work experience and job preparation for young people | Y/N |  |
| Emotional and physical well-being services | Y/N |  |
| Support and development of social enterprise  | Y/N |  |
| Provision of ‘DIY space’ and/or incubation facilities | Y/N |  |
| Getting people back into work and job retention | Y/N |  |
| Promoting financial wellbeing | Y/N |  |
| Support for business inc start-ups | Y/N |  |
| A central networked hub to facilitate the delivery of integrated programming and services - a Community Hub | Y/N |  |
| **Groups the project will work with** | If nonereject / revise |  |
| Young people not in education or employment |  |  |
| Unemployed Aged 25-65 | Y/N |  |
| Inactive or unemployed with disability | Y/N |  |
| Small businesses | Y/N |  |
| Inactive in the workforce | Y/N |  |
| Over 50 and inactive or unemployed | Y/N |  |
| Ethnic minorities | Y/N |  |
| People wanting to start a business | Y/N |  |
| **Project Finance** |  |  |
| Est. Total Project Cost | Info only |  |
| Value of match funding | Info only |  |
| Match as % project costs | If below 50%reject/ revise |  |
| Source of match funding:* Staff time
* Volunteer time
* Cash
* Other funding organisation
 | Y/NY/NY/NY/N |  |
| Is source of match funding eligible | If noreject/revise |  |
| **Organisation Experience** |  |  |
| Worked on European Funded projects | Y/N |  |
| Experience of managing evidence | Y/N |  |
| Experience in claims processes | Y/N |  |
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| **Data Protection** |  |  |
| Wants to be contacted about relevant services | Y/N |  |
| Willing to share information with Growth Hub | Y/N |  |

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| **Name of Applicant:** |  |  |
| **Eligibility Status** | **Yes** **No****Asked for clarifications** |  |
| **Project Assessor:** **Name:****Signature:****Date:** |  |