### **MAIN PROJECTS: Expression of Interest**

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

***Please note*** that completion of this form does not constitute a contractual agreement between Folkestone & Hythe 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.

|  |  |
| --- | --- |
| **LEAD ORGANISATION INFORMATION** | |
| **Name of Organisation:** |  |
| **Address of Organisation:** |  |
| **Name Contact Name** |  |
| **Position within Organisation** |  |
| **Contact Email** |  |
| **Contact Telephone Number** |  |
| **PARTNER ORGANISATION(s) INFORMATION** | |
| **Name of Partner organisation** |  |
| **Contact Name** |  |
| **Contact E-mail** |  |

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| **PROJECT INFORMATION** | | | | | | |
| **Project Title** |  | | | | | |
| **Aim of Project** |  | | | | | |
| **Proposed Location of the Project** |  | | | | | |
| **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 | | | | Promotion of SMEs and social enterprises | | |
| Getting people back into work | | | | Support for SMEs, self-employment and business start-ups | | |
| Promoting emotional and physical well-being | | | | Provision of ‘DIY space’ and/or business incubation facilities | | |
| Promoting financial wellbeing | | | | Setting up and operating the Employability/Enterprise/  Community Hub | | |
| **Which of the following groups will your project support?** Please tick the relevant ones below. | | | | | | |
| New businesses registered at Companies House less than 12  months before assistance is provided | | | | Social enterprises | | |
| Sole Traders registered with HMRC less than 12 months before assistance is provided | | | | SME businesses | | |
| Potential entrepreneurs resident in the area looking to  establish a business or become self-employed | | | | Start-ups | | |
|  | | | | Sole traders | | |
| Economically Inactive residents into job search/training  & education/ employment | | | | Unemployed residents into training & education/ employment | | |
| Young adults under 24 years not in education or employment | | | | From ethnic minority groups | | |
| People over 50 years who are economically inactive  or unemployed | | | | People with disabilities | | |
| Other groups not covered above: | | | | | | |
| **Brief outline of the project (max. 500 words)** | | | | | | |
|  | | | | | | |
| **What will the project deliver? (max. 300 words)** | | | | | | |
|  | | | | | | |
| **PROJECT COSTS - Estimated** | | | | | | |
| **Total Project Cost (£)** |  | | | | | |
| **Capital (£)** |  | | **Revenue (£)** | |  | |
| **ERDF Funding Required (£)** |  | | | | | |
| **Match Funding (£)** |  | | | | | |
| **State the amount and likely source(s) of the match funding.** |  | | | | | |
| **Please sign to confirm the information proivde is true and accurate to the best of your knowledge:** | | | | | |
| **Name**  **(please print)**  **Position in**  **Company** | | **Signature**  **Date:** | | | |