### **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.

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| **LEAD ORGANISATION INFORMATION** | |
| **Name of Organisation** |  |
| **Address of Organisation** |  |
| **Name Contact Name** |  |
| **Position within Organisation** |  |
| **Contact Email** |  |
| **Contact Telephone Number** |  |
| **PARTNER ORGANISATION(s) INFORMATION** | |
| **Will there be any Project Partner Organisation?** | N / Y  If yes please name all the partner organisations: |
| **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 office** |  | | | | |
| **Please outline the areas where the project beneficiaries will come from?** | | | | | |
|  | | | | | |
| **Which of the following Folkestone CLLD Actions will your project support?** Please tick the relevant ones below. | | | | | |
| Work experience and job preparation for young people | | | | Promoting emotional and physical well-being | |
| Getting people back into work | | | | Promoting financial wellbeing | |
| **Which of the following Folkestone CLLD residents will your project work with?** Please tick the relevant ones below. | | | | | |
| Economically Inactive residents into job search/training  & education/ employment | | | | Unemployed residents into training & education or employment | |
| **Will your project target any of the more harder to reach groups listed below:** | | | | | |
| Young adults under 24 years not in education, employment or training | | | | People from ethnic minority groups who are economically  inactive or unemployed | |
| People over 50 years who are economically inactive  or unemployed | | | | People with disabilities who are economically inactive or unemployed | |
| Other groups not covered above: | | | | | |
| **Please give a brief outline of the project (max. 400 words)** | | | | | |
|  | | | | | |
| **What will the project deliver including estimated Outputs and Results? (max. 300 words)** | | | | | |
|  | | | | | |
| **PROJECT COSTS - Estimated** | | | | | |
| **What is the estimated total project cost?** | | |  | | |
| **What is the estimated value of ESF funding required?** | | |  | | |
| **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 | | |
| **State the amount and likely source(s) of the match funding including volunteer hours, staff time, reserves, other grants or income sources** |  | | | | |
| **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:** | | |