**MAIN PROJECTS**

**ESF Grant Application Form**

***Please refer to our guidance notes for assistance with completing this form***

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| **1** | |  | **GENERAL INFORMATION** | | |
| **Project Title** | | |  | |
| **Organisation Name** | | |  | |
| **Organisation Address** | | |  | |
| **What is the Organisation’s Legal Status?** | | | **Sole Trader Partnership**  **Limited Liability Partnership**  **Limited Company**  **Other (please specify)** | Yes/No  Yes/No  Yes/No  Yes/No |
| **Please Provide the Following Where Applicable** | | | **Charity Reference Number**  **VAT Registration Number**  **Registered Company Number** |  |
| **Are any members of your Organisations Personnel either related to any member of the Programme Management Team, Folkestone & Hythe District Council staff and Councilors, or to a Local Action Group member?** | | | Yes/No  *If ‘Yes’ Please Provide Details:* | |
| **Lead Contact Name** | | |  | |
| **Position Within Organisation** | | |  | |
| **Contact Address (if different from Organisation Address)** | | |  | |
| **Contact Telephone Number** | | |  | |
| **Contact E-mail** | | |  | |
| **Name of any other organisations involved in the project** | | |  | |
| **Project Costs** | | |  | |
| **Total Project Cost (£)** | | |  | |
| **ESF Funding required (£)** | | |  | |
| **Match funding (£)** | | |  | |
| **Project Start date** | | |  | |
| **Project end date** | | |  | |
| **Which Action(s) will you project address (refer to call specification)?** | | |  | |

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| **2** |  | **PROJECT METHODOLOGY & MANAGEMENT** |

**2.1 Project Overview**

**Please provide a brief description of the project in the space below, including separate paragraphs on the main aims of the project, objectives, why it is likely to achieve the objectives of the Programme Strategy and Actions within the Call, what activities will the project deliver to whom, who will be doing the activities, where and for how long, and outputs and results targets (max 3,000 characters)** – bullet points are acceptable.

*Note: This description may be used in the project funding agreement and could also be placed on the Folkestone Community Works website for publicity purposes.*

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**2.2 Project Plan**

**Please attach with this application a detailed Project Plan which should be no more than 3 pages long.**

*This should clearly identify what and when activities will be delivered during the project by whom and the outputs and results associated with the activities. A Gantt Chart template is provided to assist you. Please submit the project plan including Gantt Chart with the application form.*

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**2.3 Project Outputs and Results**

**Please fill in Outputs and Results annex spreadsheet (C2.4a Main Project ESF Grant Application – Outputs and Results Annex.xls) and include with your application. This annex will be part of your grant agreement.**

*Please note:**You will need to collect and maintain evidence and documentation to show you have met the ESF outputs and results definitions and you must be able to evidence that you have achieved these outputs and results when making claim.*

**2.4 Additionality & Innovation**

**Please explain how your project is different from what is already provided in the Folkestone Community Works Programme area, will add value to the current offer and how it is innovative.**

*Please highlight the research/knowledge you have used to identify that your work will not duplicate any existing actions/services and is innovative to the area.*

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**2.5 Procurement:**

**Please demonstrate that you understand the EU procurement requirements and how you are going to manage this process.**

*Managing procurement correctly and ensuring that you retain the evidence to demonstrate this is extremely important for all ESF funded projects.*

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**2.6 Target groups:**

**Please identify the target group(s) that will be the participants and beneficiaries of this project**

*Please describe the methodologies you will use to engage and work with the target groups during the project.*

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**Please describe the experience of your organisation (and if applicable partner organisations) in working with the target group(s) identified above.**

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**Please identify what proportion of participants (residents) will reside in the areas of highest deprivation (20% most deprived LSOAs) within the Programme area. This area is known as the 20% decile.**

*Please describe any specific methodologies and activities that you will focus in the 20% decile to support your output delivery*

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**2.7 State Aid:**

**Please indicate the financial value and details of any type of public support you have received over the last 3 fiscal years.**

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| **Name of Funder** | **Name of funding source** | **Public funding**  **Y/N** | **Purpose of funding** | **Type of funding** (grant, loan etc) | **Date funding received** | **Amount**  **£/€** | **Was it classified as State Aid?**  **Y/N** (if yes, what was *Gross Grant Equivalent Value €* |
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**2.8 Understand Publicity Requirements:**

**Please set out below how you will meet the EU publicity requirements**

*All recipients of ESF funding must meet the publicity requirements as set out in ERDF and ESF Branding and Publicity Requirements ESIF-GN-1-005, Version 8 Date published 1 August 2019. You are required to set out how you will meet the need to ensure all materials are correctly branded and confirm that this does not conflict with your organisations branding guidelines.*

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**2.9 Cross Cutting Themes –** compulsory requirement

**A. Sustainable Development:**

**Please show how you will support sustainable development in your project.**

*There must be a project specific Sustainable Development Policy and Implementation Plan which needs to be* submitted with the application

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**B. Equality and Diversity:**

**Please show how you will support Equality and Diversity in your project.**

*There must be a project specific Equality and Diversity Policy and Implementation Plan which needs to be submitted with the application.*

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**2.10 Experience and Capacity:**

**A. Delivering this type of project**

*Please highlight the experience your organisation and/or staff have in delivering this type of project including how successful you were in meeting the outputs and results, managing the associated evidencing and record keeping, and the resources you will use to deliver this project*

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**B. Delivering EU funded projects**

*EU funded projects have a particular approach and methodology to funding so it would be helpful to know if your organisation(s) and /or staff have delivered any EU funded projects in the past. If so please could you note what these have been and the key lessons learned.*

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**2.11 Budget**

**You will be required to complete the Budget annex document attached (C2.4b Main Project ESF Grant Application - Budget Annex.xls) for the project funding. This annex will be included in your grant agreement**

*Once the annex has been completed, please provide an overview of your budget below. All costs should be inclusive of VAT if irrecoverable and match the figures in the budget annex*

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| **Category of funding** | **Match Funding** | **ESF** | **TOTAL** |
| Direct staff: paid employees |  |  |  |
| Direct staff: volunteers |  |  |  |
| Other Direct Costs |  |  |  |
| Indirect cost |  |  |  |
| **Total** |  |  |  |
| **%** |  |  |  |

**2.12 Financial Assessment**

**Provide full details of how you have estimated the costs. For items to be purchased provide details of the quotations received: amount, “supplier” and date.**

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**For items the project will purchase and owned forecast the end value of the assets and explain how you have estimated this figure (depreciation).**

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**Will the project or any of its assets be owned by an organisation other than the Lead Organisation?**

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| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

If ‘Yes’ please describe the arrangements that will be made to ensure that the grant will be used only for the purposes stipulated in the Grant Funding Agreement if this application is approved?

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| **Please provide summary figures from your last 3 sets of audited accounts below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Financial Year End (last set of audited accounts e.g.1 March 2016 – 30 April 2017)** | | | | |  | **2017** | **2018** | **2019** | **2020** | | 1. Commercial revenues |  |  |  |  | | 2. Grants or similar |  |  |  |  | | 3. Total turnover (1+2) |  |  |  |  | | Gross profit |  |  |  |  | | Operating profit **before** Directors remuneration, interest and tax \*\* |  |  |  |  | | Operating profit **after** Directors remuneration and dividends to Directors |  |  |  |  | | Shareholder’s funds at year end |  |  |  |  | |  | *\*\*Please note that if your organisation operates through a group structure please aggregate the results and include a note of all the trading companies included in the figures* | | | | |

**2.13 VAT Status**

**Is your company registered or about to be registered for the purposes of Value Added Tax?**

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| Yes |  |  |  | No |  |  |

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| If ‘**Yes**’ please give us your VAT registration number. |  |
| Is your organisation’s VAT taxable turnover below or likely to be below the current registration threshold during the project? |  |

***Note: all recoverable VAT is ineligible expenditure and your grant will be calculated on net expenditure (exclusive of VAT). If at any time the organisation registers/deregisters for VAT please inform the Programme Manager Immediately. Please seek advice from a VAT advisor if required.***

**2.14 Previous Public Funding**

**Has your organisation previously received any public funding or publically-funded support?**

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| Yes |  |  |  | No |  |  |

If ‘**Yes**’ please advise the **purpose**, **project reference number (if any),**  **amount**(s) and **date**(s) awarded.

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| **Purpose** | **Project reference No.** | **Amount** | **Date funding/support received** |
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**2.15 Project Match Funding**

**Please indicate the amount and source of the match funding for this project and the date of availability of these funds**

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| **Amount**  **£/€** | **Source** | **Public Funding**  **Y/N** | **Date of availability** | **Does this constitute State Aid?**  **Y/N** |
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Please detail any **conditions** attached to **match** **funding** for the project. *Where possible please provide copies of offer letters.*

**What will you do if the match funding for the project is not approved?**

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What other funding sources have you approached and what was the outcome?

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| **3** |  | **RISK MANAGEMENT** |

**3.1 Risk Assessment**

*Please note there are ALWAYS risks to consider, for example; supplier delays, failure to recruit, lack of demand etc.*

Please set out the main risks associated with the Project, the seriousness of the risk, probability of occurrence, contingency plans to deal with each risk and the level of mitigated risk as a result of the contingency planning.

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| **Risk** | **Seriousness of risk** (High, Medium, Low) | **Probability of occurrence** (High, Medium, Low) | **Contingency plans**  (i.e.how do you propose to manage the risks) | **Mitigated risk** (High, Medium, Low) |
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**Please indicate how the project will meet ESIF & ESF Rules, Regulations and Guidance, and all necessary legislation.** For example, health and safety regulations, etc.

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**Do you need any statutory consent to deliver this project? For example planning permission/listed building consent etc.?**

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| Yes |  |  |  | No |  |  |

If ‘**Yes**’ have you obtained all the necessary consents, attach a copy of the permission and any conditions.

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| **4** |  | **LEGACY** |

**4.1 Post ESF Grant Funding**

**Please explain if your project and/ or the services it delivers will have a viable future after this grant funding ends**

*Please highlight the research/knowledge you have used to identify how your project will have a legacy beyond the grant funding*

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| **4** |  | **DECLARATION BY APPLICANT** |

* I declare that to the best of my knowledge and belief, the information given on this application form and in any supporting material is correct and that I am authorised to make this application on behalf of the Organisation
* I understand that acceptance of this application by The Programme does not in any way signify that that the project is eligible for assistance from the ERDF Programme or will receive grant aid.
* I understand and accept that the information contained in this document may also be shared with the project partners.
* If information changes in any way I will inform promptly.
* If the application is successful we agree to work with the Programme Management Team before any press release is made and ensure that the PMT is involved in any responses by us to approaches made by the press regarding the project in order to ensure that any publicity recognises the contribution the Folkestone Community Works programme has made.
* We understand that the Programme Management Team may withdraw all or part of the grant at its discretion as set out in the Protocols.

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| **Signed** |  |
| **Name (please print)** |  |
| **Position** |  |
| **Date** |  |

***Data Protection Act: The information you give us will be held by the Folkestone Community Works Programme Team and will be used to assess your application. The main recipient of the information is the Folkestone Community Works Programme but it may also be shared with other Government agencies, which are entitled to this information under applicable legislation.***

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| ***Checklist of attachments with this application*** | | | |
| ***Quotes*** |  | ***Project Equality and Diversity Policy and Implementation Plan*** |  |
| ***Audited Accounts*** |  | ***Details of any other grants received*** |  |
| ***Planning Permission & Attached Conditions (if applicable)*** |  | ***Other documents (please specify)*** |  |
| ***Project Sustainable Development Policy and Implementation Plan*** |  |  |  |

### Please email completed application form and send attachments to:

### [**folkestonecommunityworks@folkestone-hythe.gov.uk**](mailto:folkestonecommunityworks@folkestone-hythe.gov.uk)

### or post to:

### **Programme Manager, Folkestone Community Works, Folkestone & Hythe District Council,**

### **Castle Hill Avenue, Folkestone, Kent CT20 2QY**