

Ward Enhancement Programme – Application Form

Please note: The Ward Enhancement Programme Summary and Application Form have been updated as of 1st July 2024.

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|---|--|
| Applicant Name: | |
| Applicant Group (if applicable): | |
| Organisation Address: | |
| Contact number: | |
| Contact e-mail address: | |
| Ward: | |
| Does this project have the support of Councillors in this Ward or adjacent Wards? (If so, who) Please attach any evidence e.g emails | |

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|--|--|
| Project Name: | |
| Project Location: | |
| Project Description (100 words min, 400 max) consider and reference the impact this might have on the service e.g if an increase in service users how will the project be managed/ staffed? | |
| What is the need of the project and how will it add value to services and service users? | |
| Who owns the building/land? If another body, what is their responsibility to support/ fund the project? | |
| How and who will manage the project? | |
| Detail any negative impact the project may have during its delivery (e.g. disturbance of a community group) and how the impact will be mitigated? | |

| | |
|------------------------------|--|
| Funding amount requested: | |
| Expected project start date: | |
| Expected project completion: | |

| | |
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| Is there any financial or non-financial match funding available to the project? (if so, please describe) | |
| Have you considered or applied to other funders for this project? What was the outcome? | |
| Please explain what work is still required to develop your project: (e.g. planning permission, highways, landowner approval; please include evidence were permission has been given) | |

| | | | |
|---|--------------------------------|------------|-----------|
| Will your project have a positive impact on local prosperity: | Directly | Indirectly | No Impact |
| | (Please delete as appropriate) | | |
| Please describe how your project will improve local prosperity (if applicable): | | | |

| | | | |
|--|--------------------------------|----------------------------|---------|
| Will your project have a positive impact on local tourism and/or heritage: | Both | Tourism OR Heritage | Neither |
| | (Please delete as appropriate) | | |
| Please describe how your project will improve local tourism and/or heritage (if applicable): | | | |

| | | | |
|---|---|--|---------|
| Does your project have support from the local community: | Parish Council AND local community | Parish Council OR local community | Neither |
| | (Please delete as appropriate) | | |
| Please describe the local support you have obtained for your project (If applicable): | | | |

Please note: if you have not obtained any local support for your project, it will not be considered by the panel. This is a gateway criteria. Applications requesting £30,000 or more must receive support from the Parish Council AND local community.

Please describe the expected outputs and outcomes from this project. Examples of UKSPF pre-identified outputs and outcomes are identified below. Explain how the project will impact positively on service users, the service itself and the wider community. How many people in total are likely to benefit?

| Outputs: | <u>Figure</u> | <u>Commentary</u> |
|---|---------------|-------------------|
| <p>Examples include:</p> <ul style="list-style-type: none"> • Number of improvements undertaken • Number of facilities supported/created • Number of local events/activities supported | | |
| Outcomes: | <u>Figure</u> | <u>Commentary</u> |
| <p>Examples include:</p> <ul style="list-style-type: none"> • Improved perception of amenities (% increase) • Increased users of facilities (% increase) • Improved perception of facilities (% increase) • Jobs created or safeguarded • Greenhouse gas reduction | | |

Please tell us how you have taken into account health impacts and the requirements of the Public Sector Equality Duty for this project as follows:

Briefly explain how the policy, function or service contributes to community cohesion by answering the following questions:

How will it provide equality of access to services, information and employment?

Does it or could it promote good relationships within and between communities?

How will it help to prevent social exclusion?

Will it help to reintegrate those who have become excluded?

Will this assist with communities feeling that they are connected to decision making that affects them?

Health Impacts

| | No (Provide a brief explanation of your response.) | Yes (Is this impact positive or negative? Provide a brief explanation of your response.) |
|---|---|---|
| Have a direct impact on health, mental health and wellbeing? | | |
| Have an impact on social, economic and environmental living conditions that would indirectly affect health? | | |
| Have an effect on an individual's ability to improve their own health and wellbeing? | | |
| Affect access to, and the quality of, health, mental health or wellbeing services? | | |

Expenditure; Please include details of the products/ services which you are requesting WEP funding for:

Please also attach three quotes for any items over £3,000.

| Product/Service | Supplier (explain why you have chosen this quote) | Net Cost (Excl VAT) |
|------------------------|--|----------------------------|
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| | | |
| | | |
| Total | | |

If unable to gain or provide three quotes for individual items or services above £3,000, please explain why:

Bank Account Details

If your application is successful, we would require your bank account details to provide the instalments. Please provide the details below.

Bank Name:

Branch Address:

Account Name:

Account Number:

Sort Code:

Please include any other information about the project that you think is relevant for the Ward Enhancement Programme panel to consider, particularly regarding how this project will positively impact the local community and local prosperity

**Ward Enhancement Programme
Checklist for applicants**

Please note the following, which is required prior to the panel, and then following the panel, if the application is approved.

| | | Pre panel | Post panel |
|----|--|-----------|------------|
| 1 | A fully completed and signed application form | √ | |
| 2 | Copy of the most recent annual submitted accounts | | √ |
| 3 | Copy of the most recent bank statement (dated within the last 3 months) | | √ |
| 4 | Constitution/ governing document | | √ |
| 5 | Evidence of match funding where necessary | | √ |
| 6 | Copy of relevant insurances | | √ |
| 7 | Quotes for all items of expenditure (three written quotations for items between £3,001 and £50,000) | √ | |
| 8 | Evidence that necessary permissions for project to go ahead have been obtained including landowner permission and planning permission (where applicable) | √ | |
| 9 | Safeguarding Policy (if the organisation and/or project involves working with children or vulnerable adults) | | √ |
| 10 | Equalities and health impact assessment | √ | |
| 11 | Confirmation of grants already pledged | √ | |

Please submit completed forms to the Enterprise Team at:

enterprise.team@eaststaffsbc.gov.uk