

Local Joint Committee APPLICATION FORM

PLEASE CONTACT YOUR LOCAL COMMUNITY REGENERATION OFFICER FOR HELP AND SUPPORT IN COMPLETING YOUR APPLICATION - CONTACT DETAILS AT THE END OF THE FORM

PLEASE STATE THE LOCAL JOINT COMMITTEE YOU ARE APPLYING TO:			
1. PROJECT TITLE :			
2. LOCATION OF PROJECT ACTIVITY:			
3. PROJECT START DATE:		4. COMPLETION DATE:	
5. APPLICANT DETAILS:			
Name of Organisation or Group			
Name of Key Contact			
Contact Address			
Postcode			
Telephone			
Email			
6. TYPE OF ORGANISATION:			
7. REGISTERED CHARITY/CO NO.:			
8. VAT NO.:			

9. BANK ACCOUNT DETAILS

Bank Name	
Bank Address	
Bank Account Name	
Bank Account No.	
Bank Sort Code	

10. PROJECT DESCRIPTION

Include the overall purpose and aims of the project and the main activities.

11. NEED AND DEMAND:

What is the evidence that justifies the project activities? To what extent is the project needed? Detail any consultation you have undertaken. What is the scale of demand for the project activities? Does demand vary across the area of benefit, or by different groups of people?

12. ADDED VALUE

In what ways will the project be additional to what is already being done?

13. FINANCIAL INFORMATION:

Please complete the table on the next page, giving as much detail as possible on the costs and funding required for your project activity.

14. APPLICANT CERTIFICATION:

I am applying on behalf of my organisation to the Local Joint Committee for financial assistance. I confirm that the information supplied above is correct to the best of my knowledge and enclose the Minutes from the meeting that approved the bid or letter of support from the Chairman of the group or organisation. I have read and understand the LJC Financial Procedure Notes and confirm acceptance of their requirements

SIGNATURE:

POSITION:**DATE:**

FINANCIAL INFORMATION: to be completed by all applicants

Project Costs: List anticipated items of expenditure below	£	
TOTAL PROJECT COSTS		
Project Funding: List anticipated project income or grant funding (including LJC Grant applied for) and any contributions in kind.	£	Confirm status of funding eg: Secured/unconfirmed/applied for etc
TOTAL PROJECT FUNDING (should equal total project costs)		
Please confirm how much funding you are seeking from the Local Joint Committee?		

Depending on budget pressures the Local Joint Committee may need to consider a reduced offer of funding. Please describe what the impact on your project activity would be if less funding were available.

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APPLICATION GUIDANCE

Please refer to the Local Joint Committees Financial Procedure notes prior to completing your application. These can be found on the Council's website www.shropshire.gov.uk/localcommittees

The Community Working team will be able to provide you with help and guidance in completing this form and will confirm any closing dates for receipt of applications.

You should return your completed application form to the Community Working team who will ensure it is passed through to your Local Joint Committee.

The Community Working team can be contacted on

communityworking@shropshire.gov.uk

or by telephone to the following area offices:

Central Area	01743 253077
Southern Area	01746 713245
Northern Area	01939 237430

They will confirm the name and contact details of your Lead Officer and your local Community Regeneration Officer, who will then contact you to discuss your project and any potential funding opportunities.