
SAFER NEIGHBOURHOODS FUNDING – APPLICATION FORM 2018-19

Contact Name:

Contact Address:

Email Address:

Telephone No:

DETAILS OF YOUR PROPOSED PROJECT

SAFER NEIGHBOURHOOD AREA:

(Please also include the Area Number)

Project Title:

How does the project meet at least one or more of the priorities of the Safer South Derbyshire Partnership Plan *Please use additional sheets if required*

*Which of the priority areas will the project address; **Anti-Social behaviour, Creating Stronger Communities, Domestic Violence, Property Crime, Protecting the most vulnerable, Alcohol related harm** (See page 1 of the Guidance)*

How will your project impact on this?

Outline Proposal:

Describe clearly and concisely the aims, objectives and targets for the proposed project. State what you hope to achieve how you intended doing it?

What will your project do? how do you intend doing it? And when will it be done?

What do you hope will your project achieve?, What difference will it make for your community?

Evidence of Need

Why is the project needed? Have issues persisted for a long time?

What evidence do you have that supports the need for the project? Who has been consulted?

Who will benefit from the project? Show how project will benefit local community/ improve local facilities etc

PROJECT COSTS

What is the anticipated total project cost?

How much Safer Neighbourhoods Funding is required?

(Maximum of £2500)

| Detailed breakdown of planned expenditure: (Please break down into individual items you will purchase) | Amount per Item £ |
|---|-------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| Total | £ |

Is planning permission required?

Yes / No

If yes, has an application for Planning permission been submitted

Yes / No

What other match funding has been secured to support the project?

(See page 2 of the guidance for minimum match funding requirements)

| Funding Body | Amount £ | Confirmed y/n |
|--------------|----------|---------------|
| | | |
| | | |

Who will be delivering & maintaining the project?

Name of individual and organisation who is carrying out the project?

If the project is ongoing, who will be responsible for maintaining the project?

What risks are involved in your project and what back up plans are in place?

(i.e. Financial, managerial, health & safety)

What are the potential risks associated with the projects? And what could be done to reduce them?

How will you be able to demonstrate that the project has made a difference?

How will you monitor the project's success?

How will you promote the Project and the involvement of the Safer South Derbyshire Partnership?

DECLARATION & SIGNATURE

I confirm that I am authorised to sign this declaration. As far as I am aware, all the information on this form is true and complete. The application is made on the understanding that if successful, the project will only use the grant for the purposes specified in this application.

Signed:

**Printed
Name:**

Group /Organisation

Position in Organisation:

Date:

To obtain an electronic version of this application form please email the Safer South Derbyshire Partnership at community.safety@south-derbys.gov.uk

PRIVACY NOTICE

How is your information used?

The information collected in this form is solely used to assess and allocate Safer and Stronger Neighbourhood funding applications. The contact details collected are needed in order to communicate to the applicant regarding the application process and the outcome.

Who has access to your information?

Only members of the Communities Team who review and administrate applications have access to this form and its data. It is not shared with any other teams across the Council or external partners.

For further information please visit, www.south-derbys.gov.uk/privacy