
SAFER NEIGHBOURHOODS FUNDING – APPLICATION FORM 2009 - 10

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 (2008-11)? *Please use additional sheets if required.*

Which of the strategy priority areas will the project address?

How will your project impact on this strategic Priority?

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? And how do you intend doing it?

What do you hope will your project achieve?

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?

(Estimates will be required at application stage for projects over £500)

How much Safer Neighbourhoods Funding is required?

(Rounds 1, 2 & 3 £100 - £2,500 Round 4 £100 - £5,000)

Detailed breakdown of planned expenditure:	Capital £	Revenue £
1.		
2.		
3.		
4.		
5.		
Total	£	£

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 and organisation?

What risks are involved in your project and what contingencies 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 projects success?

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 communitysafety@south-derbys.gov.uk