# CIL Funding Application Form

## PLEASE USE THE CIL POLICY AND FUNDING APPLICATION FORM GUIDE TO ASSIST YOU IN COMPLETING THIS document and ensure you complete the validity checklist on page 4

**Contact and organisation details**

|  |  |
| --- | --- |
| 1. Applicant organisation |  |
| 2. Name and position of main contact |  |
| 3. Applicant contact details (phone no, email and address) |  |
| 4. Type of organisationIf a charity, please provide registration number |  |
| 5. Is the organisation able to reclaim VAT? |  |
| 6. If the organisation is not in the public sector please provide details of the organisation’s financesPlease include a copy of the most recently audited accounts, including details of unrestricted reserves and latest budget. |  |

**PROJECT DETAILS**

|  |  |
| --- | --- |
| 7. Location of project |  |
| 8. Summary of the project proposal |  |
| 9. How does the project help address the demands of development in the area. What evidence is there to support this? |  |
| 10. What evidence is there of support from the community |  |
| 11. Proposed timescales for the project, to include any deadline or circumstance which would require funding within a specific period of time |  |
| 12. Do you need planning permission to carry out the works? |  |
| 13. If planning permission is required is it in place to carry out the works?If so, please provide the application number |  |
| 14. What is the relationship between the applicant and the land/property ownership where the project is taking place? i.e. freehold/long lease/short lease /lease term? Please provide evidence. |  |

**FUNDING DETAILS**

|  |  |
| --- | --- |
| 15. Estimated project cost |  |
| 16. Please show in the table the amount of CIL funding being sought and any other contributions that may have been allocated for this scheme

|  |  |  |
| --- | --- | --- |
|  | Amount | Detail |
| CIL funding sought |  |  |
| Any other Local authority contribution eg WBC and/or SCC |  |  |
| Third party contribution |  |  |
| Total cost |  |  |

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|  |
| 17. Detail of additional sources of funding available |  |
| 18. Why is CIL funding being sought? Please provide details of sources of funding already considered or applications made for funding |  |
| 19. Please indicate whether the organisation has previously received CIL or other funding sources from either Haslemere Town Council and/or Waverley Borough Council. If yes, provide amounts and timings |  |
| 20. Is there a related revenue spend (i.e. day-to-day running costs) associated with the project? How will this be addressed? And who will be responsible for it? |  |

**VALIDITY CHECKLIST**

|  |  |
| --- | --- |
| **Criteria** | **Tick to confirm** |
| The project is of benefit to residents of the Council’s electoral area |  |
| You hold a bank account in the name of the organisation applying, not an individual |  |
| This application is accompanied by either the latest audited financial report or, where this does not exist, a forecast budget of income and expenditure relating to the grant application, together with latest budget. |  |
| This application is accompanied by 3 quotes for the work you are wanting done |  |
| The application is not for a project already completed |  |
| The application is not for ongoing costs for a project |  |
| The application is not for annual maintenance or repair |  |
| The application is not a project promoting a political party |  |
| The application is not for a project that conflicts with existing Town Council policies |  |
| The application is not for VAT that you can recover |  |
| The funds are not to contribute to a surplus for charitable distribution or to increase your organisation’s reserves |  |
| You consent to acknowledge HTC’s contribution in your marketing / promotional material |  |

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| --- |
| **Section E: Declaration****When you have completed the application please sign this declaration and submit the application form as directed.** |
| To the best of my knowledge the information I have provided on this application form is correct.If Haslemere Town Council agrees to release funds for the specified project, these funds will be used exclusively for the purposes described. In such an event, I agree to inform Haslemere Town Council via the Deputy Town Clerk of any material changes to the proposals set out above. When requested, I agree to provide Haslemere Town Council with all necessary information required for the purposes of reporting on the progress or otherwise of the identified project. I recognise Haslemere Town Council’s statutory rights as the designated provider of these CIL funds, which includes provisions to reclaim unspent or misappropriated funds.Privacy Notice: By signing this form, the applicant agrees to Haslemere Town Council checking all supplied information for the purposes of informing decision making. The information on this form will be stored in the Town Council’s filing system and summarised in the Council’s accounting system for the sole purpose of fund processing, analysis and accounting. Information about the project may be publicised on Haslemere Town Council’s website and in public material for publicity purposes. Personal data will not be disclosed without prior agreement of those concerned, unless required by law. For further information on the Council’s privacy policy, please see: www.haslemeretc.orgSigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_All organisations involved with the application will need to sign and date the form.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |