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Sustainable Communities 2

2025 - 2026

Application Form

Please note this document is available in Welsh.

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***Please answer all questions and tick appropriate boxes where necessary.***

***Incomplete forms cannot be accepted and will be returned to the applicant.***

***This application is to be completed in conjunction with the Sustainable Communities Guidance Notes.***

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| **SECTION 1 – APPLICANT’S DETAILS** | |
| **Name of Organisation:** | |
| **Main Contact Name:** | |
| **Position held in Organisation:** | |
| **Organisation’s address:**  **Postcode:**  **Telephone No:**  **E-mail:** | **Home address** |
| **Website:** | |
| **Is this your only operating address? (Y/N)** |  |
| *If ‘no’ please state any other business addresses:* | |
| **SECTION 2 - ORGANISATION STRUCTURE** | |
| **What is the status of your Organisation?** *(Including any registered numbers)*  *e.g., Charity, Company limited by Guarantee, Co-operative, Social Enterprise, Other (please specify below)* | |
| **Are you VAT registered?** If yes, please provide VAT registration no: | |
| **Does your organisation have a bank account? Y/N** | |

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| **SECTION 3 - CONFLICT OF INTEREST** | | |
| **Do you or any members of your family work for or are Elected Members of Carmarthenshire County Council? (Y/N)** |  | |
| *If yes, please provide details:* | | |
| **SECTION 4 - PROJECT DETAILS** | | |
| **Project Title:** | | |
| **Project Location:** | | |
| **Please give a description of your project and how you will spend the grant funding?** (200 words max)  This section must be completed with a brief outline of the project proposals. We want to know how you will deliver your proposal and exactly what will the funding be spent on.  \*Delete this explanation note before completing the section. | | |
| **Do you know of any similar services on offer in your area? How have you ensured the project does not duplicate existing activity/provision? Is this a new service or an enhancement? What additionality will it provide?** (Please give details) (200 words max)  List other similar services that are already in place which address the need identified. How have you evaluated similar services?  Letters of Support will demonstrate project compatibility.  Evidence is needed to demonstrate that without the grant the project would not proceed.  \*Delete this explanation note before completing the section. | | |
| **How do you know there is a definite need for your project?** (200 words max)  Please outline evidence of need i.e., research, planning and community consultation.  Please demonstrate how you have engaged with and secured support from appropriate (local, regional and national) stakeholders in the development of this project.  What are the implications if this project does not receive funding?  \*Delete this explanation note before completing the section | | |
| **Who will benefit most from your project and how?** (200 words max)  Who are your project beneficiaries? Which groups will your project target?  What will be the short and long-term benefits of the project on its beneficiaries and the wider community?  \*Delete this explanation note before completing the section. | | |
| **Project Sustainability - who is responsible for future maintenance?** (If it is not your organisation, please provide written evidence of a formal maintenance agreement) (200 words max)  Please explain how your project will improve the sustainability of your organisation.  Please outline estimate costs per annum and how you expect to cover projected expenditure.  How will the project be sustainable post funding?  \*Delete this explanation note before completing the section. | | |
| **Project Management and Deliverability** (200 words max)  How will you manage the delivery and financial management of the project?  What experience does the organisation have of delivering this type of activity?  Please outline roles and responsibilities of your Staff/Committee/Trustees.  If the organisation needs to recruit staff or appoint contractors what plans are in place to manage the risk of delay?  Payment of award will be retrospective. How do you propose to cash flow upfront payments and claim the funding back? Have you secured match funding?  \*Delete this explanation note before completing the section. | | |
| **Project Timescales**  **Proposed Start Date: Proposed End Date:** | | |
| **SECTION 5 – STRATEGIC CONTEXT** | | |
| **How does your project align to Carmarthenshire’s Local Investment Plan?** (200 words max)  The Investment Plan for Carmarthenshire is based on our existing strategies and plans including the South West Wales Regional Economic Delivery Plan. The Carmarthenshire Plan is aligned to the 7 Well-being goals of the Well-being of Future Generations Act.  How does the proposal align with local needs and long-term strategic plans for local growth? Please outline key themes and applicable extract.  Please reference any other key strategies your project will address.  \*Delete this explanation note before completing the section. | | |
| **SECTION 6 – OUTPUTS AND OUTCOMES** | | |
| **Please complete the below table with information on how your project will achieve against set Outputs and Outcomes. Please refer to Annex A for the evidence requirements you will need to report against.** | | |
| **Output** | | **Target Number** |
| OP 2 - Amount of green or blue space created or improved (m2) | |  |
| OP 5 - Number of amenities/facilities created or improved | |  |
| OP 6 - Number of low or zero carbon energy infrastructure installed | |  |
| OP 8 - Number of tourism, culture or heritage assets created or improved | |  |
| OP 12 - Number of local events or activities supported | |  |
| OP 17 - Number of people reached | |  |
| OP 27 - Number of volunteering opportunities supported | |  |
| OP 28 - Number of feasibility studies developed as a result of support | |  |
| **Outcomes** | | **Target Number** |
| OC 4 - Increased users of facilities/amenities | |  |
| OC 5 - Increased visitor numbers | |  |
| OC 7 - Premises with improved digital connectivity as a result of support | |  |
| OC 8 - Jobs created as a result of support | |  |
| OC 9 - Jobs safeguarded as a result of support | |  |
| OC 18 - Improved engagement numbers | |  |
| OC 19 - Number of community-led arts, cultural, heritage and creative programmes as a result of support | |  |
| OC 29 - Number of volunteering opportunities created as a result of support | |  |
| OC 30 - The number of projects arising from funded feasibility studies | |  |
| **Please explain how these outputs and outcomes have been estimated and how they will be evidenced.** | | |

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| **SECTION 7– OWNERSHIP & CONSENTS for CAPITAL PROJECTS ONLY** | |
| You must either:   * Own the freehold, or * Hold a lease with a seven-year minimum period remaining after the final grant payment date. You will need to secure your landlord's written consent for the proposed works. | |
| **Do you own the freehold or leasehold interest in the site?** | Yes No (*delete as appropriate)* |
| **If leased, how many years remain on the lease?** | |

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| **SECTION 8 – PERMISSIONS & STATUTORY REQUIREMENTS** | | | | |
| If applicable, you will need to provide evidence of planning permission/ consent and/ or certificates to support this application. If consents are not required, please provide confirmation from the relevant body. **Please indicate statutory consents required for the project.** | | | | |
| **Type of Consent** | **Required (Y/N)** | **Status** | **Reference Number** | **Date Secured** |
| **Planning Permission** |  |  |  |  |
| **Building Regulations** |  |  |  |  |
| **Other (please specify)** |  |  |  |  |
| **SECTION 9 – CROSS CUTTING THEMES** | | | | |
| **What actions will be taken as part of your project to demonstrate that you are making every effort to promote sustainable and low carbon approaches to delivery?** (Please give details)  How does the proposal support the UK Government’s and Welsh Government’s Net Zero policies or wider Environmental ambitions? | | | | |
| **What actions will be taken as part of your project to demonstrate that you are making every effort to promote digitally accessible services?** (Please give details) | | | | |
| **What actions will be taken as part of your project to demonstrate that you are making every effort to promote Equality of Opportunity?** (Please give details)  Please describe how you have considered the equalities impacts of your proposal, the relevant affected groups based on protected characteristics and any measures you propose in response to these impacts. | | | | |
| **How are you going to ensure that you and any third party or partner do everything possible to ensure that the Welsh language is treated as favourably as the English language in the planning and administration of the project? What evidence can you provide to prove this?**  **How are you going to ensure that your work and that of any third party or partner has a positive impact on opportunities to use Welsh? What evidence can you provide to prove this?**  **How will you and any third party or partner promote your Welsh medium provision to the county's communities?** | | | | |

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| **SECTION 10 – SUBSIDY CONTROL - PUBLIC FUNDING AND CARMARTHENSHIRE COUNTY COUNCIL FUNDING** |
| **Please list all public grant aid you have received in the last 3 years:**   |  |  |  | | --- | --- | --- | | **Year** | **Funding Body** | **Amount** | |  |  | **£** | |  |  | **£** | |  |  | **£** | |  |  | **£** | |  |  | **£** | |
| **SECTION 11 – PROJECT EXPENDITURE** |
| Items purchased through lease purchase, hire purchase, extended credit will not be considered for grant funding.  Cash purchases will not be considered for grant payment.  Items purchased with an Organisation’s Credit Card are eligible. Applicants will need to provide a copy of the credit card statement as part of the claims process.  Please refer to the Procurement section of the Guidance Notes before procuring for goods and services.  Public sector bodies that are covered by the EC Procurement Directives are required to follow their own organisational procurement rules and procedures. |

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| **SECTION 12 – FINANCIAL BREAKDOWN** | | | | | |
| **Revenue costs - expenditure heading** | | | **25/26** | | **Total** |
|  | | | £ | | £ |
|  | | | £ | | £ |
|  | | | £ | | £ |
|  | | | £ | | £ |
| Revenue Total | | | £ | | £ |
| **Capital costs - expenditure heading** | | | **25/26** | | **Total** |
|  | | | £ | | £ |
|  | | | £ | | £ |
|  | | | £ | | £ |
|  | | | £ | | £ |
| Capital Total | | | £ | | £ |
| Total Project Cost | | | | | £ |
| **Project Cost Summary** | | | | | |
|  | **Gross** | **Net** | | **VAT** | |
| **Revenue Costs** | £ | £ | | £ | |
| **Capital Costs** | £ | £ | | £ | |
| **Total A** | £ | £ | | £ | |
| **Funding Breakdown** | | | | | |
|  | **Gross** | **Net** | | **VAT** | |
| **Total Project Cost (A)** | £ | £ | | £ | |
| **Match Funding (B)** | £ | £ | | £ | |
| **Funding Sought (C)** | £ | £ | | £ | |
| **C as % of A** | % | % | | % | |
| **Please give details of the sources of match funding below:** | | | | | |
| **Match Funding source (own funds, loan, grant funder)** | **Amount** | **Funding Status (secured, applied for, to be applied for)** | | **Timescale** | |
|  | £ |  | |  | |
|  | £ |  | |  | |
|  | £ |  | |  | |
| **How would any unexpected costs be managed?** | | | | | |

**\*Please complete and submit the Cash Forecast Template provided.**

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| **SECTION 13 – ADDITIONAL INFORMATION** |
| **How will you monitor and evaluate the effectiveness of the project for which you are seeking funding?**  Please describe the financial and performance monitoring systems and processes that will be used to robustly record project expenditure and outputs/outcomes.  How the project will be evaluated, in terms of how it was delivered and its impact on clients?  \*Delete this explanation note before completing the section. |
| **How do you plan to market and promote the project?** |
| **Please outline any other information you feel we should be aware of with regards to this project:** |

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| **Application Checklist and Supporting Documentation**  Please tick (a) the following checklist to ensure all applicable information has been submitted with this application. | |
| **Application Form** - completed and signed x 2 signatures |  |
| **Cash Forecast Template –** completed and submitted |  |
| **Governing Document** (Constitution/Articles of Association/Rules) |  |
| **Business Plan** - with specific information about this project proposal or an addendum to your Business Plan (if applicable) |  |
| **Annual Accounts** – (profit and loss account plus balance sheet) essential for existing organisations) |  |
| **Revenue Costings -** detailed breakdown of costs |  |
| **Professional Fee** - explanation of what Consultant will be doing with breakdown of how costs estimated. |  |
| **Evidence of Need Information** – consultation, market research, letters of support |  |
| Equal Opportunities Policy |  |
| Environmental Sustainability Policy |  |
| Welsh Language Policy |  |
| ICT/Digital Inclusion Policy |  |
| Exit Strategy |  |
| Bank Account Details |  |
| Evidence of Match Funding i.e., Offer Letters from other funders |  |
| Evidence of VAT Status |  |
| Proof of Land Ownership - copy of title deeds or copy of lease agreement. |  |
| Scheme Drawings - location plan, detailed or sketch drawings of scheme |  |
| Letters of Support |  |
| Planning Permissions |  |
| Landlord Consents |  |
| Licences |  |
| Building Regulations |  |
| Environmental Consent |  |
| Conservation Consent |  |
| Building Notice |  |
| Maintenance Agreements |  |
| Public Liability |  |
| Insurance Certification and Schedule of Cover(s) |  |
| Evidence of how the project links in with Key Strategies |  |
| Others: |  |

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| **SECTION 14 – DECLARATION** | | |
| I/we declare that all the information given on the form is correct, to the best of my knowledge and that the giving of a false declaration may result in action by the Council against the signatory for recovery of the grant plus costs, charges and expenses relating thereto.  I/we authorise the Council to make any enquiries necessary to verify any information needed to determine my application. The information provided in this application may also be shared with colleagues in other departments and business support organisations in order to assess the application.  I/we also confirm that I have full power and authority to act on behalf of the business/organisation that is making this application.  The grant is for the express purposes approved. Any changes to the approved project must be agreed in writing by the County Council.  The County Council will require repayment if the funding is not issued for the stated and approved purpose.  For properties constructed or improved as part of a scheme administered by Carmarthenshire County Council, the authority will seek to register an interest in the grant-aided property with the land registry by either a restriction or a legal charge.  I understand that all grant payments by CCC are retrospective on submission of evidence of expenditure on our behalf. I declare that the information given on this form is accurate and true and has been approved by: | | |
|  | **Signatory 1** | **Signatory 2** |
| **Print Name** |  |  |
| **Signature** |  |  |
| **Position** |  |  |
| **Date** |  |  |

Carmarthenshire County Council collects personal data about you using this form so that we can undertake the necessary due diligence and checks. To find out more about how we use your information, please contact 01267 234567 to obtain our Privacy Notice, or visit our website [www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

*‘Mae croeso i chi gysylltu gyda’r cyngor trwy gyfrwng y Gymraeg neu’r Saesneg.*

*You are welcome to contact the council through the medium of Welsh or English’*