

Ward Enhancement Programme – Application Form

Applicant Name:			
Applicant Group (if applicable):			
Organisation Address:			
Contact number:			
Contact e-mail address:			
Ward:			
Does this project have the			
support of Councillors in this			
Ward or adjacent Wards?			
(If so, who)			
Please attach any evidence			
e.g emails			
Project Name:			
Project Location:			
Project Description (100			
words min) consider and			
reference the impact this			
might have on the service e.g			
if an increase in service users			
how will the project be			
managed/ staffed?			
Who owns the building? If			
another body, what is their			
responsibility to support/ fund			
the project?			
Funding amount requested:			
Expected project start date:			
Expected project completion:			
Funding amount requested:			
Expected project start date:			
Expected project completion:			
Will your project have a	Directly	Indirectly	No Impact
positive impact on local	•	•	•
prosperity:	(Please delete as appropriate)		

Please describe how your project will improve local prosperity (if applicable):			
Will your project have a positive impact on local	Both	Tourism OR Heritage	Neither
tourism and/or heritage:	(Pleas	se delete as approp	riate)
Please describe how your project will improve local tourism and/or heritage (if applicable):			
Does your project have support from the local community:	Parish Council AND local community	Parish Council OR local community	Neither
Community.	(Pleas	se delete as approp	riate)
Please describe the local support you have obtained for your project (If applicable):			
Please note: if you have not o	•		
Please describe the expension Examples of UKSPF pre-identification Explain how the project will in and the wider community.	ntified outputs and neart positively of	d outcomes are ide n service users, the	ntified below. e service itself
Outp	uts:		
Examples include: • Number of improvement undertaken	s		

Number of facilities supported/created

events/activities supported

Improved perception of amenities

Increased users of facilities

Outcomes:

Number of local

Examples include:

 Improved perception of facilities 	
 Jobs created or safeguarded 	
Greenhouse gas reduction	
Is there any financial or non- financial match funding available to the project?	
(if so, please describe)	
Have you considered or applied to other funders for	

this project? What was the

Please explain what work is still required to develop your

(e.g. planning permission, highways, landowner approval; please include evidence were permission

has been given)

outcome?

project:

Please tell us how you have taken into account health impacts and the requirements of the Public Sector Equality Duty for this project as follows:

Briefly explain how the policy, function or service contributes to community cohesion by answering the following questions:				
How will it provide equality of	access to services, information	and employment?		
Does it or could it promote go	ood relationships within and bet	ween communities?		
How will it help to prevent soc	cial exclusion?			
Will it help to reintegrate those	Will it help to reintegrate those who have become excluded?			
Will this assist with communities feeling that they are connected to decision making that affects them?				
Health Impacts				
	No (Provide a brief explanation of your response.)	Yes (Is this impact positive or negative? Provide a brief explanation of your response.)		
Have a direct impact on health, mental health and wellbeing?				
Have an impact on social, economic and environmental living conditions that would indirectly affect health?				
Have an effect on an individual's ability to improve their own health and wellbeing?				

Affect access to, and the quality of, health, mental

health or wellbeing

services?

Expenditure; Please include details of the products/ services which you are requesting WEP funding for:

Please also attach three quotes for any items over £3,000.

PRODUCT	NET COST (EXCL VAT)	
TOTAL		

Please include any other information about the project that you think is relevant for the Ward Enhancement Programme panel to consider, particularly regarding how this project will positively impact the local community and local prosperity			

Ward Enhancement Programme Checklist for applicants

Please note the following, which is required prior to the panel, and then following the panel, if the application is approved.

		Pre	Post
		panel	panel
1	A fully completed and signed application form		
2	Copy of the most recent annual submitted accounts		
3	Copy of the most recent bank statement (dated within the last 3 months)		$\sqrt{}$
4	Constitution/ governing document		
5	Evidence of match funding where necessary		$\sqrt{}$
6	Copy of relevant insurances		
7	Quotes for all items of expenditure (three written quotations for items between £3,001 and £50,000)	√ 	
8	Evidence that necessary permissions for project to go ahead have been obtained including landowner permission and planning permission (where applicable)	V	
9	Safeguarding Policy (if the organisation and/or project involves working with children or vulnerable adults)		$\sqrt{}$
10	Equalities and health impact assessment	$\sqrt{}$	
11	Confirmation of grants already pledged	V	

Please submit completed forms to the Enterprise Team at:

enterprise.team@eaststaffsbc.gov.uk