West Sussex Support Programme for Social Enterprises

**Social Enterprise Fund (SEF) 2014-2015**

Social Enterprise Early Stage Development Grant [Stream 1]

APPLICATION FORM

Please note all the information in this form will be treated as confidential by West Sussex County Council (WSCC) but may be shared on this basis between WSCC departments and with members of the decision making panel. If the information in this form needs to be shared with external partners, WSCC will seek your permission before any information is shared.

**Please ensure you have read the guidelines and that you meet the eligibility criteria before completing this application form.**

**Please be as concise as possible and keep within any word limits specified.**

|  |
| --- |
| **APPLICANT STATEMENT** I wish to apply for the sum of **£** to explore my idea.**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**You can either submit the signature page as part of the Application Form in MS WORD format with an electronic signature clearly visible, or print the Signature Page, sign, scan, save as PDF, and email the PDF file along with your completed Application Form.**Position:****Date:****If my organisation is successful I agree that our name and project details can be published on the website** |
| **CONFIRMED** please insert an “X” in the grey box |  |

**SECTION A: APPLICANT INFORMATION**

**A1 Name:**

**Organisation:**

**Address:**

**Tel:**

**Mobile:**

**Email:**

**Website:**

**Please describe the type of organisation:**

(e.g. Company Ltd by guarantee/or shares with charitable status/CIC/Charity/Private Business /Co-operative/Association/Trust/Other (e.g. Social firm, community group, etc.).

**Company/Charity/CIC/CIO registration number**[s]:

**Does your organisation have an asset lock[[1]](#footnote-1) ?**

**When was your organisation set up?**

**Number of employees:**

**What is your annual turnover?**

**If you are not formally constituted please give brief details about how you are organised:**

**A2 Lead contact details**:

Please provide details of the person who would be responsible for overseeing the work and reporting to the Council if the grant is secured

**Name:**

**Position:**

**Address (if different from above):**

**Tel**:

**Email:**

**A3 Partner organisation Information**

If you will be working with another organisation, please provide details below

**Contact Person:**

**Name of Organisation:**

**Address:**

**Tel:**

**Email:**

**Website:**

**Organisation type:**

**SECTION B: YOUR CURRENT ACTIVITY**

**B1 Social objectives**

Please describe your social purpose (Max 100 words)

Answer:

**B2 Current activity**

Please explain what your organisation currently does, including details of the products and/or services you provide. (Max 200 words)

Answer:

**SECTION C: YOUR PROPOSAL**

**C1 Name**

The working title for your social enterprise idea (for future correspondence)

Answer:

**C2** **Your idea**

Please describe your idea (Max 500 words)

Answer:

**C3**  **Location**

Where in West Sussex do you envisage your new social enterprise will deliver its business? (Max 100 words)

Answer:

**C4 What have you done so far?**

Please tell us what you have done so far to develop your idea? e.g. initial research and scoping; consultation with target groups; meetings with key stakeholders etc. (Max 500 words)

Answer:

**C5 What do you plan to do and when?**

Please outline the delivery of this work you are seeking funding for including:

* Who will be involved in the delivery?
* Provide a breakdown of activities with timelines
* If other organisations will also be involved please give details

(Max 500 words)

Answer:

**C6 Planning and next steps**

Please tell us how you will review this piece of work and what you will do with the results (Max 200 words)

Answer:

**SECTION D: FINANCE**

**D1 Budget**

Please set out below, using the table provided, how much the work will cost and how much grant funding is being requested from WSCC Social Enterprise Fund for this work and any match funding that will be contributed.

**Note:** Make sure that all costs are directly related to the cost of delivering the work outlined above and include the costs of collating and producing a written report detailing the results. [Please add additional rows if you wish.]

|  |  |  |
| --- | --- | --- |
| **Costs** | **SEF**  | **Match Funding** |
| Staff related costs [e.g. salary, NI,] |  |  |
| Travel costs |  |  |
| Running costs |  |  |
| Equipment costs |  |  |
| Consultancy support |  |  |
| In kind support |  |  |
| Other costs (please describe what these are) |  |  |
|  |  |  |
| **Total cost to deliver this work** |  |  |

Please confirm if you are receiving any other funding for this project and if so the amount and source of this funding.

**SECTION E: REGULATIONS**

**E1 Insurance**

Please outline the insurances you have in place for the delivery of this proposal. Please note that if your application is successful you will be required to provide proof of your policy/policies.

|  |  |
| --- | --- |
| **Insurance** | **Limit** |
| Public Liability |  |
| Employers Liability |  |
| Product Liability |  |
| Professional Indemnity Insurance |  |
| Other (Please state what other insurance you have): |  |

**E2 State Aid**

Please confirm that your organisation is currently under the de minimis exemption for State Aid and that the amount requested by your organisation from the Social Enterprise Fund Stream 1 programme will not result in the de minimis exemption being exceeded, by ticking the box below.

Please note that WSCC will be relying on the information and confirmation provided by your organisation in issuing the grants and the risk of providing incomplete or inaccurate information lies with your organisation.

For further information on State Aid please see the Guidelines.

|  |
| --- |
| I confirm that:1. my organisation has not received more than 200,000 Euros in de minimis public funding in total over the previous three fiscal years; and

 1. the amount of funding requested from the Social Enterprise Fund Stream 1 programme in this Application Form will not result in my organisation receiving more than 200,000 Euros in de minimis public funding in total over the previous three fiscal years.
 |
| CONFIRMED (please insert an “X” in grey cell to confirm) |  |

**E3 Terms & Conditions**

I have read the Terms & Conditions in WSCC’s grant agreement and I accept them.

|  |  |
| --- | --- |
| CONFIRMED (please insert an “X” in grey cell to confirm) |  |

The grant agreement can be found at [www.wssen.org.uk](http://www.wssen.org.uk) along with the other information for this fund.

**SECTION F: SUBMITTING YOUR APPLICATION**

**Please ensure you have done the following before submitting your application, if not your application may be ineligible.**

|  |
| --- |
| **Please insert an “X” to confirm you have done the following:** |
| All sections of your Application Form are **fully completed** |  |
| Your Application Form is **signed** |  |
| Your Application Form is submitted by the **deadline** |  |
| I have confirmed my organisation complies with State Aid regulations |  |
| I have read and accepted the terms and conditions in the grant agreement |  |

**Do not submit any additional documents** with your Application Form as these will not be considered.

**Email** Please email your completed Application Form to social.enterprise@westsussex.gov.uk.

Note that **Emails** should be headed **“West Sussex Social Enterprise Fund 2014-15 Stream 1 Grants – *Name of applicant organisation*“** as the subject of your email.

**Deadline:** The deadline for receipt of a completed Application Form is

 **12th August 2014 at 5 pm**

Please note applications sent after this time will not be considered under any circumstances.

WSCC is not able to discuss applications or provide feedback to unsuccessful applicants to Stream 1.

1. An asset lock ensures that all the assets of an organisation (including any profits generated) are reinvested and/or used for the benefit of the community [↑](#footnote-ref-1)