**2016 SUSTAINABLE DEVELOPMENT FUND**

**CAPITAL AND DEVELOPMENT APPLICATION FORM**

**PLEASE MARK ENVELOPES SDF**

**THEMES FOR THIS CALL**

* River access measures
* Marine access measures
* Accommodation improvements that will benefit Marine Tourism/Angling
* New or improved marine/angling experiences
* Training and skills development
* Festival and events
* Innovative enhancement / restoration to improve fish stocks

|  |  |
| --- | --- |
| **READ THESE NOTES BEFORE COMPLETING FORM** | |
| 1. | Read all questions and instructions carefully. |
| 2. | Tick the appropriate “yes” / ”no” boxes as requested. |
| 3. | Give sufficient information in your responses to allow effective assessment. |
| 4. | If you continue your response on a separate piece of paper clearly reference the additional material by writing the project title on it and also the question number it relates to. |
| 5. | Clearly refer to the project title on any photographs/images/maps that support the application. |
| 6. | Enclose organisation’s constitution / articles of association (as applicable) with this application. |
| 7. | Indicate where necessary if figures are £ or € |
| 8. | Refer to the Loughs Agency Financial Assistance Policy before completing this form. |
| 9. | FOI. Applicants and those expressing an interest in SDF must be aware that the content of any document or correspondence relating to SDF (e-mail, hard copy, memo, letter, any attachments and replies) may be subject to public disclosure under Freedom of Information (Code of Practice) or the Environmental Information Regulations. Authors of any such material should be aware that they may not be in a position to prevent such disclosure. |

**DEADLINE FOR RECEIPT OF APPLICATIONS:**

**MONDAY 29th FEBRUARY 2016**

**LATE SUBMISSIONS WILL NOT BE CONSIDERED**

|  |  |  |  |
| --- | --- | --- | --- |
| ***FOR OFFICE USE ONLY*** | | | |
| **File Reference** |  | | |
| **Date Received** |  | **Assessment Officer** |  |
| **Loughs Agency Recommendation** |  | **Documentation Enclosed** |  |

**1.0 THE APPLICANT**

* 1. **Applicant/Organisation Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
|  | | | |
| Address: |  | | |
|  | | | |
| Postal Code: |  | Email Address: |  |
| (*NI Only*) | | | |
| Telephone No(s): |  | | |

* 1. **Name & contact details of the person to contact about the application**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
|  | | | |
| Address: |  | | |
| (*If Different from 1.1 Above*) | | | |
| Postal Code: |  | Email Address: |  |
| (*NI Only*) | | | |
| Telephone No(s): |  | | |

* 1. **Please tick what best describes the applicant**

Registered Charity  Unregistered Club/Society/Association/Group

Company Limited by Guarantee  Other *(Please State)*

* 1. **Date your organisation was established or incorporated**

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* 1. **Transparency – Please state in full any links you have with the Loughs Agency** (*Note that your response will not affect the assessment of your project proposal, unless it is found that you knowingly omitted information*)

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* 1. **Is the applicant VAT registered?**

YES  NO

* 1. **Will VAT be reclaimed on expenditure relating to this project?**

YES  NO

**2.0 THE PROJECT**

**2.1 Project Title or Name**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **£** |  | **€** |  |

**2.2 How much are you applying for (from SDF)?**

**2.3 When will the Project be developed?**

(*Start & End Dates*)

|  |
| --- |
|  |

**2.4 Where will the Project be developed?**

(*Give as Precise a Location as Possible*)

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|  |

**2.5 Who owns the project site and what arrangements are proposed to facilitate the development of the project?**

(*eg hire, partnership with site owner, other arrangement*)

|  |
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**2.6 Describe the Project – what will happen?**

|  |
| --- |
|  |

**2.7 Project results – please list specific aims and objectives of your project and state how you will measure your success?**

|  |  |
| --- | --- |
| **AIMS & OBJECTIVES**  (*eg 10 Stiles*) | **HOW SUCCESS WILL BE MEASURED**  (*eg xx Additional Anglers on this Beat*) |
|  |  |
|  |  |
|  |  |

**2.8 Who will the project benefit and what groups is the project targeted at?**

(*eg anglers, sailors, club members, public, disabled etc*)

|  |
| --- |
|  |

**3.0 ECONOMIC AND CIVIC IMPACT**

***Economic Impact***

**3.1 How will this project assist economic development in the Loughs Agency area?**

|  |
| --- |
|  |

**3.2 What is the significance of the event in relation to the Loughs Agency’s objectives?**

*How will your project promote and develop Carlingford Lough and/or Lough Foyle (and its sea area) for recreational purposes?*

|  |
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|  |

*How will your project assist in the conservation, protection, management and development of inland fisheries?*

|  |
| --- |
|  |

*How will your project assist with the development of marine tourism?*

|  |
| --- |
|  |

**3.3 Leaving a Legacy**

How will this project leave a legacy? Provide as much detail as possible.

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**4.0 FINANCIAL DETAILS**

Please detail the progress to date in securing funds for the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **COMPANY / GROUP / INDIVIDUAL** | **NATURE OF CONTRIBUTION** *(Cash, Funding, In-Kind Etc)* | **AMOUNT**  *(£ or €)* | **CONFIRMED**  *(Yes or No)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5.0 PROJECT COSTS**

**IMPORTANT – PLEASE READ THE FINANCIAL ASSISTANCE POLICY**

**GRANT WILL ONLY BE OFFERED AGAINST ELIGIBLE EXPENDITURE**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **KEY COSTS** | **£/€**  **(Delete as Applicable)** | **Tick Where Agency are Expected to Fund an Item** |
| **Development Costs** | **Capital Costs – Material, Construction, Equipment/Plant Etc** |  |  |
|  | Provide Detail |  |  |
|  |  |  |  |
|  | **Professional Fees** |  |  |
|  | Provide Detail |  |  |
|  |  |  |  |
| **\*Insurance** | Insurance |  | Ineligible |
| **\*Marketing** | Advertising, printed matter, media costs, etc |  | Ineligible |
| **Site Acquisition** | Accommodation Works |  |  |
|  | Site Lease |  |  |
|  | Site Purchase |  |  |
| **Health & Safety** | Stewards/Supervisors |  |  |
|  | First Aid |  |  |
| **Miscellaneous** | *(Please Specify)* |  |  |
| **\*Administration** | Stationery |  | Ineligible |
|  | Postage |  |  |
|  | Telephone |  |  |
|  | Other (*Please Specify*) |  |  |
| **\*In Kind Costs** | Equipment |  | Ineligible |
|  | Site/Venue |  |  |
|  | Staffing/Labour |  |  |
|  | Administration Time/Materials |  |  |
|  | Other (*Please Specify*) |  |  |
| **TOTAL** | |  |  |

**\*Ineligible Costs – Financial assistance cannot be offered against these costs.**

**DE MINIMIS AID**

Statement of de minimis aid received.

I confirm that i have received the following *de minimis* aid during the current 3 year fiscal period (ie current fiscal year and the previous two fiscal years).

|  |  |  |
| --- | --- | --- |
| **Name of Body Providing Aid** | **Value of Assistance** | **Date of Assistance** |
|  |  |  |

I acknowledge that if the ceiling is exceeded the aid may be recovered from the aid recipient.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**6.0 PROJECT INCOME**

|  |  |  |
| --- | --- | --- |
| **CATEGORY** | **INCOME** | **£/€**  (*Delete as Applicable*) |
| Loughs Agency – Amount Requested in this Application | Funding |  |
| Other Funder/Sponsor/Funds |  |  |
| Other Funder/Sponsor/Funds |  |  |
| Other Funder/Sponsor/Funds |  |  |
| Other Funder/Sponsor/Funds |  |  |
| Miscellaneous |  |  |
| \*In Kind Contributions | Equipment Loan |  |
|  | Site/Venue |  |
|  | Staffing/Labour |  |
|  | Administration Time/Materials |  |
|  | Other (*Please Specify*) |  |
| **TOTAL** | |  |

**\*Ineligible Costs – Financial assistance cannot be offered against these costs.**

Sustainability.

What steps will be taken to ensure the project will continue in the absence of funding in future years?

|  |
| --- |
|  |

**7.0 STATUTORY APPROVALS**

Please detail any approvals or consents required to deliver the project and state if obtained or applied for.

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**8.0 ENVIRONMENTAL IMPACT**

Will there be any negative environmental impact from the project?

YES  NO

If yes, what is the impact and what actions will you take to mitigate/reduce it?

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| --- |
|  |

**9.0 EXPERIENCE AND SKILLS**

Please details the experience and skills which you or your organisation or its members have that will assist in delivering the project (management, marketing, financial experience and Health & Safety).

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**10.0 MARKETING AND PR**

Please detail the marketing/public relations plan for this project.

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**11.0 FOYLE MARITIME FESTIVAL**

Will the event contribute to the success of the Foyle Maritime Festival? .

YES  NO

If yes, in what way?

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| --- |
|  |

**Application Certificate** (*you must complete the monitoring form overleaf*)

Your signature on this proposal is confirmation that: I certify, to the best of my knowledge and belief, that the particulars given on the form are correct and complete.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  |  |  |
| Print Name: |  | Date: |  |

**PLEASE RETURN TO**:

Email: [funding@loughs-agency.org](mailto:funding@loughs-agency.org)

Address: Sustainable Development Fund

Loughs Agency

22 Victoria Road

Prehen

Derry~Londonderry

BT47 2AB

**INCOMPLETE FORMS WILL NOT BE CONSIDERED**

**MONITORING INFORMATION FOR SECTION 75 CATEGORIES**

This sheet is for data collection purposes only and will not be presented to the scoring panel.

1. Please tick the main target age for this event for, participants and spectators.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Under 5 |  | 5 – 10 |  | 11 – 17 |  | 18 – 25 |
|  |  |  |  |  |  |  |  |
|  | Over 25 |  | Over 50 |  | All Ages |  |  |

2. Please tick the main target gender for this event, participants and spectators.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Male |  | Female |  | Non Gender Specific |

3. Please tick the main target ethnic group for this event, participants and spectators.

|  |  |
| --- | --- |
|  | General Community |
|  |  |
|  | British |
|  |  |
|  | Irish |
|  |  |
|  | Indian |
|  |  |
|  | Pakistani |
|  |  |
|  | Chinese |

Other ethnic group not listed above:

|  |  |
| --- | --- |
| Please Specify |  |

4. Please state what steps will be taken to facilitate persons with disablility.

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|  |