SMALL DISADVANTAGED AREAS FUND

Application Fund



Closing date for this fund: 1 December 2010

Contact details	Help Notes
Q1	The name of the Local
Name of Local Committee:	Committee submitting the bid
Q2 Name of recipient organisation:	This is the name of the organisation which will carry out the activities funded or hold the funds on behalf of a partnership
Q3	
Contact person:	
Title: First Name:	
Surname:	This is the person we will
Position held in the organisation:	contact if we need
Contact address:	information about this application
Post code:	
Telephone:	
Fax:	
E-mail:	
What are you seeking funding for ?	
Q4 Describe the area where the funding applied for would be spent	Give details of the neighbourhood or locality which is being targeted by this proposal
Q5 Provide evidence of the local needs which the funding would address	Provide data, e.g. Index of Multiple Deprivation, Joint Strategic Needs Assessment, and details of any local consultation which support your application for this area.

	ANNEX 2
Q6 Describe the project or activities you are seeking funding for	Briefly describe the proposed actions and the activities that will be undertaken; explain how the project would offer something new to the area
Q7 What outcomes and outputs will you be aiming to achieve and how do they help SCC achieve its strategic priorities ? Please also say what SCC services are involved and the named contact(s).	An outcome is the direct difference your project will make. The outcomes and quantifiable outputs you specify will form part of our funding agreement with you and progress against these must be detailed in the report which you will be required to submit at the end of the funding period.
Q8 How would you involve residents in the project ?	Describe how you would establish a relationship with residents and voluntary organisations
Q9 The fund is available for one year only; how will any project initiated during this period be sustained in the longer term ?	Explain how you intend to develop local capacity to sustain the project after the funding ends.
Q10 How will you measure your success in carrying out the activities and achieving the outcomes you have set out above ?	We don't want to create reporting burdens so do keep systems simple, realistic and informative.
Q11 Please set out the project timescale and key project milestones	We will be requiring a brief quarterly update on progress and these milestones will form the basis of that update

	ANNEX 2
Q12 Who are your key partners and how are you developing a shared approach to the area ?	Please list the partner organisations you are working with and the strategic and local objectives you wish to achieve; explain how partners' contributions will represent an integrated solution to the needs of the area.
Q13 Provide details of reports received by the Local Committee which have contributed to an understanding of disadvantage in your borough/district as a whole and in this area in particular.	Demonstrate that the Committee has developed an understanding of the profile of disadvantage locally and of the opportunities for joint working and leadership.
Q14 What has the Local Committee done in the past to support multi-agency activity to respond to the needs of disadvantaged communities ?	Describe any projects supported in high-need areas and initiatives which have increased the influence of their residents on local services and opportunities.
Financial Questions	
Q15 How much are you applying for ?	This should be the total amount of money you are requesting from this fund.

What are the in have requested receiving part of	nplications of no I from SCC ? Wh	the project or in ot receiving the f nat are the implic ou have requeste f)	unding you ations of			
		ble from other pa se dependent on				
Q18 Has the area received financial support from any part of SCC (including Local Committee allocations and funding from the former self-reliance budget) in the last 2 years? If yes, please give brief details. This information helps SCC to continue to monitor its support to Surrey						
Name of Funding	Name of Manager	Amount	When		organisations and promote collaboration	
					between departments.	
					-	

Completing this form does not guarantee success when applying for funding					
All successful projects will be required to complete an evaluation form outlining the outcomes of the project					
I confirm that to the best of my knowledge the information contained within this Application Form and the enclosed supporting documentation is accurate.					
Print Name:	Organisations and Status:				
	1				
Signature:		Date:			
Bids should be submitted electronically to d.north@surreycc.gov.uk					
Office Use					
Grant Programme title: Local Committees Small Disadvantaged Areas Fund					
Date received and who by:		All documents attached:			