# Section 106 Application of Monies Form

When completing this application form, please ensure that:

* you read and answer each question fully
* all required documents are provided, and
* the declaration is signed and dated

Applications cannot be considered for funding if submitted forms are incomplete.

## Organisation Details

|  |  |
| --- | --- |
| Name of Organisation  |  |
| Address of Organisation  |  |
| Purpose of Organisation *(e.g. Parish Council / Charitable Trust / Voluntary Group)*  |  |
| Website Address  |  |
| Is the organisation a Registered Charity? *(Please circle)* |  Yes No  |
| Are you a membership club?*(Do key users have to pay membership?)* |  |
| If a membership club, please give details of how this facility can be considered a ‘community facility’ e.g. state hours open to public, free use of rooms / courts, events, options for local groups to hire.  |  |
| Are there any membership restrictions on the use of your facilities? *If yes, please explain why* |  |

Main contact for the project

|  |  |
| --- | --- |
| Name |  |
| Position Held |  |
| Address *(If different from above)*  |  |
| Contact Telephone Number |  |
| Email Address |  |

## Project Proposal

|  |  |
| --- | --- |
| What is the geographical location of your project?  |  |
| Project Title and Description  |  |
| Why is the project needed? *Please explain and provide evidence as applicable of research that led to the project being chosen e.g. consultation exercises carried out within the community; strategies which identify this project; minutes of any meetings where this project was discussed.* |
|  |
| Will your project increase the use of the facility or broaden its use? *How do/will you encourage equality in access to your project for the community as a whole?* |
| Is this a stand-alone project or part of a wider project? *(Please circle)* | Stand Alone Part of a wider project  |
| Do you have any partners/community groups involved? If so, what will they do? Please provide details. *(Please attach letter/email confirming support if applicable)* |  |
| Does the project you are applying for have a clear start and end date? *If so, please provide details.* | Predicted Start Date  | Predicted End Date  | Total Length of Project |
|   |  |  |
| What security of tenure do you have on the site and/or facility? (*Please circle)* | Freehold Leasehold Other *(please state)*  |
| If you are not the freeholders, please provide detail of the owners and evidence permission has been given for your project. |  |
| If there is a lease involved how many years remaining on your lease do you have? *(Please provide details).* |  |
| Does your project require any permission? *(Please tick)**(Please attach letter/emails with the Council to confirm as applicable.)* | Planning Permission |  |
| Building Regulations |  |
| Licences  |  |
| Do you have planning permission in place? |  |
| Are there any restrictions on accessing the use of the land for the proposed project? *(Please circle)* *If so, please provide details*  | Yes No |

## Project Funding

Is there a complete funding package in place for this project? The Council will not release Section 106 funds unless a full package is in place.

|  |  |
| --- | --- |
| Total cost of project  | £ |
| Total Section 106 Contribution Required |  % £  |
| Applicable Section 106 Agreement *Please insert the relevant clause from the Section 106 agreement that you are wanting to claim the money under.*  |  |
| Is your organisation VAT registered? Are you able to reclaim VAT for this project? *(Please circle)* | Yes No Yes No  |

Partnership Funding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Sources | Amount Secured(£) | % Cost of Project(£) | Secured / Unsecured | Date Secured/Expected decision date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

We require **three separate quotes** for each part of your project to assure best value for Section 106 public money. Please complete the details below and attach copies of each quotation (alternatively estimates or tenders if applicable).

VAT should not be included in these costs.

**Name of Scheme / Project:**

**Quote 1**

**Preferred Supplier?** Yes No (*Please Circle)*

|  |  |
| --- | --- |
| **Supplier** |  |
| **Project Items for above Scheme** | **Total Amount Quoted****(£)** | **Amount Requested from S106** **(£)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Excluding VAT** |  |  |
| **Total Including VAT (if not recoverable)** |  |  |

**Quote 2**

**Preferred Supplier?** Yes No (*Please Circle)*

|  |  |
| --- | --- |
| **Supplier** |  |
| **Project Items for above Scheme** | **Total Amount Quoted****(£)** | **Amount Requested from S106** **(£)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Excluding VAT** |  |  |

**Quote 3**

**Preferred Supplier?** Yes No (*Please Circle)*

|  |  |
| --- | --- |
| **Supplier** |  |
| **Project Items for above Scheme** | **Total Amount Quoted****(£)** | **Amount Requested from S106** **(£)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Excluding VAT** |  |  |

|  |  |
| --- | --- |
| If the preferred supplier has not submitted the cheapest quotation for the project, please explain the reason for choosing this supplier. |  |

Future Maintenance and Repairs

|  |  |
| --- | --- |
| Please provide details of how future running costs of the project will be sustained. |  |

## Community Link

|  |  |
| --- | --- |
| Is the applicant a Parish Council / Local Authority / Other Public Body?*Please state the name of the applicant e.g. South Derbyshire District Council Cultural Services*  | Yes No  |
|  |
| If not to the above question, can you confirm this completed application has been forwarded to your Parish Council? *A copy of this completed application form needs to be forwarded to your Parish Council for comment, if applicable.*  | Yes No  |
| Is the Parish Council Supportive? *(Please attach letter/email confirming support if applicable)* | Yes No  |
| Is the application linked to the results of a Neighbourhood Development Plan? *(If yes, please provide details)* | Yes No  |
| Are there any similar existing projects/ facilities in the parish? *(if yes provide details)* | Yes No  |

## Checklist

|  |  |
| --- | --- |
| **Please confirm you have completed the following tasks** | **Please tick** |
| I have contacted the Planning Policy Team to discuss this project prior to completing this form |  |
| I have secured approval from the landowner (if not owned by the applicant) |  |
| I have read and completed all sections as fully and accurately as possible |  |
| **Please look at the following checklist and please ensure all supporting information is attached before you submit your application form** | **Attached** | **Not Applicable (please give a reason why)** |
| Where licenses and/or planning permissions are required, include evidence of research/ correspondence regarding this. |  |  |
| Evidence of landowner permission, if land is not in the organisation’s ownership, and information regarding years remaining on land or building leases. |  |  |
| Plans, Drawings and/or maps for the project. |  |  |
| A minimum of 3 formal, written, comparable, current quotations for capital elements of the project. Demonstration best value has been achieved. |  |  |
| Research data has been included with your application into why the project is needed. |  |  |
| Confirmation that a copy of this application has been sent to your Parish Council. |  |  |
| Email/letter evidencing Parish Council / other Key Stakeholder support. |  |  |
| Past grant completion reports and invoices if not already submitted. *(if applicable)* |  |  |
| A copy of your organisation’s latest bank statement for each of your organisation’s accounts. |  |  |
| A copy of your most recent annual accounts. |  |  |
| A copy of your VAT return *(if applicable).* |  |  |
| Evidence of funding already obtained *(if funding has been secured).* |  |  |
| Charity number included *(if applicable).* |  |  |
| Ensure the application form is be signed by two people. |  |  |
| Provide a copy of the organisation’s bank details on letterheaded paper. |  |  |

## Declaration

|  |
| --- |
| 1. I am authorised to make the application on behalf of the above organisation.
2. I confirm that our organisation has the necessary governance in place to ensure audited accountability for the spend of any money allocated through the South Derbyshire District Council Section 106 process.
3. I certify that the information in this application is correct.
4. If the information in the application changes in any way I will inform South Derbyshire District Council.
5. I understand that the information given in this form (with the exception of bank statements) may be made available to members of the public and/or other organisations.
6. I agree to participate in monitoring, auditing and reporting feedback related to South Derbyshire District Council Section 106 Agreements.
 |
|  | Signatory One  | Signatory Two |
| Signed\* |  |  |
| Name in Block Capitals  |  |  |
| Position Held |  |  |
| Date  |  |  |

\* If you are sending this form by email, please note we will also keep a copy of the email as confirmation of your agreement.

## Completed forms

Please return your completed forms and supplementary documents to S106@southderbyshire.gov.uk or by post to:

Section 106, Planning and Strategic Housing, South Derbyshire District Council, Civic Offices, Civic Way, Swadlincote, Derbyshire, DE11 0AH