



LEICESTERSHIRE RURAL PARTNERSHIP GRANT FUNDING

GRANT APPLICATION FORM

Please consult both the General Guidance Notes and detailed Scheme Guidance Notes for help when completing the application form. Please complete shaded boxes.

General

Please identify which LRP grant project you are applying for? (please tick)

INSPIRE Leicestershire	<input checked="" type="checkbox"/>	Vibrant Villages	<input checked="" type="checkbox"/>
Workspace Development Grant		Post Offices and Village Shops	
Equestrian Development Grant		Community Spaces	
Visitor Development Grant			
Shop Front Improvement Grant			

How did you hear about the grant funding that the Leicestershire Rural Partnership has available? (please tick one)

Rural Business Advice Fair		Community website	
LRP's Oakleaves website		LRP promotional mailout	
Rural event (LRP Advice Trailer)		Business Link advisor	
County Council website		District/Borough Council	
Local newspaper		Other (please specify below)	

1. Your Business/ Organisation

1.1 Please provide contact details of applicant/business

Contact Name:						
Name of Business:						
Address:						
County:						
Postcode:						
Tel. No.						
Fax No.						
Email address:						
Website address:						
VAT Number (if Registered)						
Company Status: e.g. sole proprietor, partnership, Ltd company, Co-operative						
Business start date:						
Number of Employees:	Full Time		Part Time		Total	
Defra Holding Number (if applicable):						
Details of membership to any relevant trade or sector organisation. Including accreditation/inspections.						

Do you have an equal opportunities policy?	Yes		No	
Do you have a Health & Safety Policy?	Yes		No	
Do you have an Environment Policy?	Yes		No	

1.2 Name and Address of business/property undertaking conversion/project for which assistance is sought (if different from above)

Name:	
Address:	
County:	
Postcode:	
Tel. No.	
Fax No.	
Email:	

1.3 Name and address of business partner (if appropriate)

Name:	
Address:	
County:	
Postcode:	
Tel. No.	
Fax No.	

1.4 Local authority district in which business is situated (please tick)

Blaby	Melton
Charnwood	North West Leicestershire
Harborough	Oadby & Wigston
Hinckley & Bosworth	

1.5 Do you have a current Business Plan? (Delete as appropriate)

YES / NO

- If you do have a current Business Plan please include a copy with your application
- Please note that grant applications for projects of £10,000 or above will require a Business Plan to be submitted, and a Business Plan may be requested for applications for smaller amounts.
- For assistance with preparing a Business Plan please contact Business Link (contact details within specific scheme guidance notes)

1.6 Please provide a brief description of your business or organisation

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2. Statutory Consents

2.1 If your application applies to either a building or land, please indicate what legal rights you have to the site: (please tick one)

Freeholder	
Leaseholder	

2.2 If Leasehold, do you need to obtain the consent of the freeholder/Estate Owner to make alterations to the property? (Delete as appropriate)

YES / NO

2.3 Also if leasehold, what is the unexpired term of the lease? (years and months)

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2.4 Please outline details and dates of any planning or statutory consents applied for, or granted, in relation to this project (e.g. planning permission, listed buildings consent)

Type of Planning or statutory consent	Date applied for	Date granted

2.5 Have you received in the last 3 years, or are in the process of applying for, any other grant from any public organisation? (e.g. Defra, Leicestershire Rural Partnership, emda) (Delete as appropriate)

Please see guidance notes for full details of the De Minimis State Aid Declaration

YES / NO

2.6 If yes, please provide details:

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2.7 Have you been in contact with any organisations, in the development of your proposal? (e.g. Business Link, emda, Defra) (Delete as appropriate)

YES / NO

2.8 If yes, please specify the organisation nature & date of contact:

3. Your Project

3.1 Please briefly provide a description of your project. What will your project do and how?

3.2 Please identify if the proposed project is a:

New activity	
Improvement or extension of an existing activity	

3.3 How does your project meet the criteria and priorities addressed in the guidance notes? Please outline how the project will benefit your business/organisation and Leicestershire's rural community?

3.4 What will the project achieve? (Please provide numerical values against each)

a) Number of jobs created	
b) Number of jobs safeguarded	
c) New or Improved rating on an accreditation scheme (e.g. National Quality Assurance Scheme (NQAS), Visitor Attractions Quality Assurance Service (VAQAS) or British Horse Society BHS Accreditation)	
d) New or upgraded employment floorspace (m ²)	

3.5 How did you calculate these values?

5.1 What are the main risks associated with the project? E.g. obtaining the necessary planning consents, funding the balance of the cost of the works

5.2 How do you propose to manage these risks and what contingency plans are in place?

6. Declaration by Applicant:

I declare that to the best of my knowledge and belief the information given on this application form and in any supporting material is correct.

I understand that the acceptance of this application by the Leicestershire Rural Partnership does not in any way signify that the partners have agreed the project is either eligible for or will receive grant aid.

I understand that the information provided will be held on computer systems by the Council and kept only for as long as is required. This information may also be shared with partner organisations.

I have read and understood the rules of the fund as stated in the General Guidance Notes and agree to comply with them.

I am applying for a grant of:

£



To whom should the grant cheque be made payable?

Signature _____

Name and title _____

Position _____

Date _____

Please return the completed application form together with quotes and required supporting material to Tom Fisher (INSPIRE Leicestershire applications) or Fiona Walker (Vibrant Villages applications), Better Places Team, Chief Executive's Department, Leicestershire County Council, County Hall, Glenfield, Leicestershire, LE3 8RA (ruralgrants@leics.gov.uk, Tel: 0116 305 7034 or 5673, Fax: 0116 305 7271)

Equality Monitoring Questionnaire

Leicestershire County Council is committed to ensuring that our services, policies and Practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

To enable us to check that the services we are providing are fair and effective, we would be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but by providing the information the Council will assume that you are happy for us to use it for analysis and reporting purposes only. The information you provide may be held on computer systems. It will be kept only for as long as is required.

Please answer the following in respect of the majority owners of the company, or the senior partners, or the sole trader as appropriate.

Please Note: Completion of this form will not affect the chance of your project being supported. It is used for internal monitoring purposes only. All information will be kept strictly confidential.

Gender

Male..... Female.....

Age

Under 16..... 16 – 19..... 20 – 29.....
 30 – 44..... 45 – 59..... 60 – 74.....
 75 and over.....

Health, illness and disability

The Disability Act (1995) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

Do you consider yourself to have a disability?

Yes..... No.....

Ethnicity

a) White

English.....
 Other British.....
 Irish.....
 Gypsy/Irish Traveller.....
 Any other White background....
 (Please tick and specify below)

b) Mixed

White & Black Caribbean.....
 White & Black African.....
 White & Asian.....
 Any other Mixed background.....
 (Please tick and specify below)

c) Asian or Asian British

Indian.....
 Pakistani.....
 Bangladeshi.....
 Chinese.....
 Any other Asian background....
 (Please tick and specify below)

d) Black or Black British

Caribbean.....
 African.....
 Any other Black background.....
 (Please tick and specify below)

Ethnicity (continued from page 1)

e) Other Ethnic Group

Arab..... Any other.....
(Please tick and specify below)

Religion

None..... Christian (all denominations).....
Buddhist..... Hindu.....
Jewish..... Muslim.....
Sikh..... Any other religion.....
(Please tick and specify below)

Sexual Orientation

Bi-sexual..... Gay.....
Heterosexual..... Lesbian.....
Other.....
(Please tick and specify below)

Thank you for completing the Equality Monitoring Questionnaire.