Whitemountain Programme

**‘MAIN GRANTS’ (£10k- £50k)**

# Application for Landfill Communities Fund support



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A partnership between Whitemountain and Groundwork NI;

in association with Belfast City Council; Lisburn & Castlereagh City Council;

Ards & North Down Borough Council; Mid & East Antrim Borough Council;

Antrim & Newtownabbey Borough Council; Armagh City Banbridge & Craigavon Borough Council and the Housing Executive.







# Before proceeding with your application please ensure that you can meet the following requirements:







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|  | Key requirement checklist | Please tick as appropriate |
| 1. | The project is located within 15 miles of Mullaghglass landfill site |  |
| 2. | Planning permission has been secured for the proposed project |  |
| OR Planning permission is not required for the proposed project |  |
| 3. | We have proof of site ownership and confirmation of landowner / landlord consent for the proposed project  |  |
| OR The proposed project is on Council land & we have a minute of Council Committee approval for the proposed project  |  |
| 4. | We will be able to reimburse Whitemountain for 10% of the grant applied for |  |
| 5. | All required match funding is in place |  |
| OR All required match funding has been applied for and decisions are pending  |  |
| 6. | The Whitemountain Programme funding sought equates to at least 20% of the total project cost |  |
| 7. | The project meets Landfill Communities Fund public access requirements |  |

# Application for Whitemountain Programme Funding

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| **Section 1: Your Organisation** |
| **1.1**  | Name of Organisation |  |
| **1.2**  | Date of establishment (DD/MM/YYYY) |  |
| **1.3**  | Organisation address (Including postcode) |  |
| **1.4**  | Please tell us what type of organisation you are (tick the most relevant) |   Registered Charity Community Group Voluntary Group  Social Enterprise Statutory Organisation Other (please specify) |
| **1.5** | Is your organisation registered with ENTRUST as an Environmental Body (EB)? | Yes / NoIf yes, please give your EB number: |
| **1.6** | If registered as an EB, have you already registered this project with ENTRUST? | Project Registration Number (If project already registered with ENTRUST): |
| **1.7** | Please tell us briefly about your organisation and your current activities:(Including background, aims, remit, activities and the benefit you provide to the community) |

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| **1.8**  | Has your organisation previously received funding through the Whitemountain (Alpha) Programme? | Yes / No |
| **1.9**  | Is your organisation VAT registered? | Yes / No |
| If Yes, please enter your VAT registration number:  |  |

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| **Section 2: Your Contact Details** |
| **2.1**  | Main Contact |  |
| **2.2**  | Position in Organisation |  |
| **2.3**  | Telephone |  |
| **2.4**  | Email |  |
| **2.5**  | Website |  |
| **2.6**  | Correspondence Address (If different from above) |  |

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| **Section 3: Your Project** |
| **3.1** | Project Title: |  |
| **3.2** | Project Address:(if different to organization address) |  |
| **3.3** | Please describe your project & explain why it is needed |
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| **3.4** | How have you have identified this need? |
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| **3.5** | What are the anticipated start and end dates of the project? | Start: |
| End: |
| **3.6** | Please outline the key project milestones within the above timeframe  |
|  |
| **3.7** | Please outline the environmental, community and / or biodiversity impact of your proposed project |
| **Environmental Impact** (if applicable):**Community Impact** (if applicable):**Biodiversity Impact** (if applicable): |
| **3.8** | Who will benefit from your project?Please include details on beneficiary numbers and proposed use of the facility |
|  |
| **3.9** | Who will carry out the proposed works and how will this be managed? Please detail any experience you have had of managing similar projects |
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| **3.10** | Please show how the project will be sustained and managed long term; include details of how it will be maintained, and how this ongoing work will be funded (if applicable): |
|  |
| **3.11** | Please detail any engagement / consultation with the local community, schools, statutory bodies and so on Please enclose any letters of support / evidence of consultation |
|  |
| **3.12** | Who owns the proposed project site? Please provide written evidence of support for this project from the landowner / landlordFor Council owned sites this must be in the form of minuted Committee approval |
|  |
| **3.13** | Please give details of statutory permissions obtained or required If planning permission is required, then it must be in place at time of application |
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| **3.14** | Please detail how the project links to local, regional and / or national strategies Please highlight each relevant strategy and explain how the proposed project relates to it |
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| **3.15** | Please detail how the project complements existing local community facilities |
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| **3.16** | Please detail how the project avoids duplication with any similar local facilities |
|  |
| **3.17** | Please outline any other funding sought, gained or previously rejected for this project |
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| **3.18** | **Successful applicants will be required to reimburse Whitemountain for 10% of any grant awarded. Please indicate who will cover this.**Remembering that this contribution is completely separate from any match funding highlighted in your project budget breakdown |
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| **Section 4: Grant being requested** |
| **4.1** | What is the **total** cost of the project? | £ |  |
| **4.2** | How much Whitemountain Programme funding are you requesting? | £ |  |
| **4.3** | How much match funding have you secured? | £ |  |
| **4.4** | Do you anticipate any income will be generated from the project? | Yes / No |
| **4.5** | If yes, how much income per annum is expected to be generated (to the nearest £1,000): | £ |  |
| **4.6** | Please provide a **full** cost breakdown of the project.  |
| **Item(s)** | **Estimated Cost (£)** | **Grant Sought (£)** |
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|  | **TOTAL** |  |  |
| **4.7** | List any / all match funding you have raised / plan to raise to fund the project. (Including sources, types, amounts, and in the case of other grant awards please state the dates which you expect to receive confirmation of approval) |
| **Source(s)/Type(s)** | **Value (£)** | **Date** |
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| **Declaration** |
| We certify that the information contained in this application is correct and confirm that this project will be carried out as described in the application.We acknowledge that this application will be subject to monitoring / auditing and undertake to keep adequate records for this purpose. We will inform Groundwork NI of any significant changes.We understand that providing wrong or misleading information is an offence and such information will be used against us in any subsequent criminal investigation.  |
|  | **Signatory 1** | **Signatory 2** |
| **Name** |  |  |
| **Position** |  |  |
| **Signature** |  |  |
| **Date** |  |  |

**Privacy and Data Protection**

Under the General Data Protection Regulation (GDPR), Groundwork NI is committed to protecting any personal information which you supply as part of this application.

This information will only be used to contact you as part of the application assessment process, and for ongoing liaison if your application is successful. It will be held securely and will only be used for the aforementioned purposes.

Groundwork NI will only retain this information for as long as the application is considered ‘live’.

For unsuccessful applicants this will be until a final decision is made.

For successful applicants this information will be retained for a period of six years post project completion in line with the requirements of ENTRUST, the Landfill Communities Fund regulator.

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I hereby give my consent for Groundwork NI and their agents to use any personal information supplied by me in this application for the purposes of contacting me as part of the application assessment, project management and publicity processes.

I understand that this information will only be retained for as long as it is required for the assessment, administration, publicising and monitoring of my project.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

Whitemountain Programme

**Declaration of Access (community amenity projects)**

In order to comply with Landfill Communities Fund regulations, all community amenity projects must be accessible to the public. The **minimum** public access requirement is two full days per week OR four evenings per week OR 15 weeks per year.

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| Please tick which of the following best describes the public accessibility of your project: |
| Two full days per week |  |
| Four evenings per week |  |
| Fifteen weeks per year |  |
| Unrestricted public access |  |

If the site does not have unrestricted public access, then even if it meets the minimum public access requirements, it may be subject proportional registration if it is open, but access is restricted at other times.

If this applies to your project, then please complete the table below:

|  |  |  |
| --- | --- | --- |
| **Day** | Hours when the site is open and publicly accessible | Hours when the site is open, but access is restricted (e.g. school hours) **NB proportional registration may apply** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

The most common example of proportional registration is for works on school sites, when only the school pupils have access to the amenity during the day, but the amenity is opened to the general public in the weekday evenings, weekends and during school holidays.

I declare that the project for which I am applying for funding has at least the minimum amount of public access, and that I have highlighted any public access restrictions.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

***In order to support your application, it would be helpful if you could provide details of the anticipated benefits your project will generate. Where a benefit is not appropriate please indicate this by entering the answer N/A***

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| **Benefit** | **Answer** |
| How many jobs will be created (use full time equivalent, e.g. 0.5, for part time jobs) as a result of this project. |  |
| How many jobs will be maintained (use full time equivalent, e.g. 0.5, for part time jobs) as a result of this project. |  |
| Please estimate the number of visits to the project site each year prior to the project (not required for Object DA). |  |
| Please estimate the number of visits to the project site after the project has completed (not required for Object DA). Please note that this counts every visit. For example, 1 person visiting the project site 10 times in a year counts as 10 visits.  |  |
| Will this project make changes which result in improved energy efficiency?  | Yes |  | No |  |
| If you are able to, please estimate the estimated total utility cost saving of the project per annum once the project is complete.  |  |
| Number of volunteers expected to help in the delivery of this LCF project.  |  |
| Number of youth volunteers working on this project  |  |
| Number of youth volunteering days created by this project  |  |
| If you are improving areas of land (excluding land for building development), please estimate the number of hectares that will be worked on as part of this project. |  |
| If you intend to plant trees as part of this project, please estimate how many will be planted.  |  |

**CHECKLIST**

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| **For all applicants**You must include all applicable items on this checklist with your application. |

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| 1 | A copy of your organisation’s constitution |  |
| 2 | A copy of your organisation’s latest accounts  |  |
| 3 | Proof of land ownership / evidence of support for project from Landowner or Landlord |  |
| 4 | Quotation/s or cost estimate to support your projected costs |  |
| 4 | Proof of VAT status (if applicable) |  |
| 5 | A copy of all funding confirmation letters received (if applicable) |  |
| 6 | A copy of planning consent (if applicable) |  |

In addition, we welcome letters of support; project plans; consultation reports; business plans; site photographs; organisational development plans / strategies.

Applications can be submitted either

**electronically** to: whitemountainprogramme@groundworkni.co.uk

**or** in **hard copy** to: Whitemountain Programme

c/o Groundwork NI

63-75 Duncairn Gardens

BELFAST

BT15 2GB