

# **Eden District Council**

## **Community Housing Fund Grant**

### **Application Form**

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## The Community Housing Fund

The Community Housing Fund is designed to enable local community groups to deliver affordable housing units. You can apply for funding to support any stage of your project.

In order to be considered for funding, your project should:

- Meet the aims of the Community Housing Fund (enabling community groups to deliver affordable housing)
- Be supported by the local community
- Meet an identified need

You can apply for funding for work which helps to identify the need for the project, for example, a Housing Needs Survey.

## Section 1: About your Community Group

Name of group or organisation		
Address of organisation including postcode		
Organisation's website and / or social media addresses (if applicable)		
Main contact person	Name	
	Role	
	Contact address (if different to organisation address)	
	Telephone number	
	Email address	
Second contact person	Name	
	Role	
	Contact address (if different to organisation address)	
	Telephone number	
	Email address	
What is the status of your organisation/community group?		
Please supply any relevant registration or reference numbers.	Name	Reference/Number
Date your organisation/community group was established		

1.2 Please provide an overview of your community group's vision and values.

## Section 2: About your activities

2.1 Name of activities/project

2.2 Please tell us how your project will help to deliver affordable housing.

2.3 Please tell us why you feel affordable housing is required locally.

2.4 Please provide detail of the support for the project by the local community.

2.5 Please tell us about the specific activities to be covered by the funding you are applying for, and how these will support the overall project.

2.6 What key outcomes will your activities achieve?

Outcome 1	
Outcome 2	
Outcome 3	

2.7 Describe how you will monitor the work towards the outcomes you have listed above. For example, you might tell us what you will keep records of, what systems or approaches you will use and who will be involved.

### Section 3: Budgets and Finance

3.1 What is the total cost of your activities at this stage of your project?

3.2 How much money are you requesting from us?

3.3 Have you received quotations for the work? If so, please include details or copies of these quotes.

3.4 If the grant amount requested is less than the total cost of the activities, please identify where the difference will come from and whether you have secured this funding.

Main Expenditure Items (you may attach a separate spreadsheet if you wish)

Total	

## Section 4: Non-Financial Support

4.1 How could the Council support you?



## Section 5: Declarations

5.1 Declare any interests of employees or board / management committee members that may be relevant to your application.

Provide the name, position in your organisation and details of anyone who is an Eden District Councillor, a relative of an Eden District Councillor and anyone who is an employee of Eden District Council, or related to an employee of Eden District Council.

### Declaration

I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application.

I understand that I must notify Eden Borough Council of any significant changes to the application and that misleading information can invalidate this application.

Eden District Council is listed as a public authority under the **Freedom of Information Act 2000**. By law, we may have to provide your application documents and information about our assessment to any member of the public who asks for them under the Freedom of Information Act 2000.

This application form contains information that is personal data for the purposes of the **Data Protection Act 1998**.

The personal data that you have provided will be used by the Council for the purpose of processing your application and will not be disclosed to any other organisation for any other purpose other than in relation to cases of suspected fraud or where there is a statutory requirement for disclosure.

## 6. Signatory

This must be the main contact named above.

I understand you may contact me during assessment and I confirm I am authorised by the organisation for this purpose and that you may rely on any further information supplied by me.

Name

Position

Signature

Date