

Project Ref :
Date of Receipt :

**LIVEABILITY FUND PROPOSAL FORM**

Appraiser's Recommendation	Date:
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Total amount of Liveability Fund applied for

£
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**Part One : Project Summary**

Project Title

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**Name, Address and Contact Details of Project Proposer**

<b>NAME OF PERSON TO CONTACT :</b>	
<b>ORGANISATION'S NAME</b>	:
<b>ORGANISATION'S ADDRESS</b>	:
<b>TELEPHONE</b>	:
<b>MOBILE</b>	:
<b>E MAIL ADDRESS</b>	:
<b>FAX</b>	:

**Please describe any particular communication needs you or your main contact person have (for example, materials in large print, communication by textphone).**

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**Please mark the category that most closely describes your organisation**

- |                       |                          |                                  |                          |
|-----------------------|--------------------------|----------------------------------|--------------------------|
| Arts organisation     | <input type="checkbox"/> | Local Authority service provider | <input type="checkbox"/> |
| Sports organisation   | <input type="checkbox"/> | Youth group                      | <input type="checkbox"/> |
| Environmental group   | <input type="checkbox"/> | Town/Parish Council              | <input type="checkbox"/> |
| Health organisation   | <input type="checkbox"/> | Educational establishment        | <input type="checkbox"/> |
| Community Partnership | <input type="checkbox"/> | Other (please specify)           | <input type="checkbox"/> |

**Please describe the status of your group. (please tick all that apply)**


- |                                 |                          |                     |                          |
|---------------------------------|--------------------------|---------------------|--------------------------|
| Company Limited by guarantee    | <input type="checkbox"/> | Registered charity  | <input type="checkbox"/> |
| Voluntary group – constituted   | <input type="checkbox"/> | Informal group      | <input type="checkbox"/> |
| Voluntary group – unconstituted | <input type="checkbox"/> | Town/Parish Council | <input type="checkbox"/> |

**Project Description**

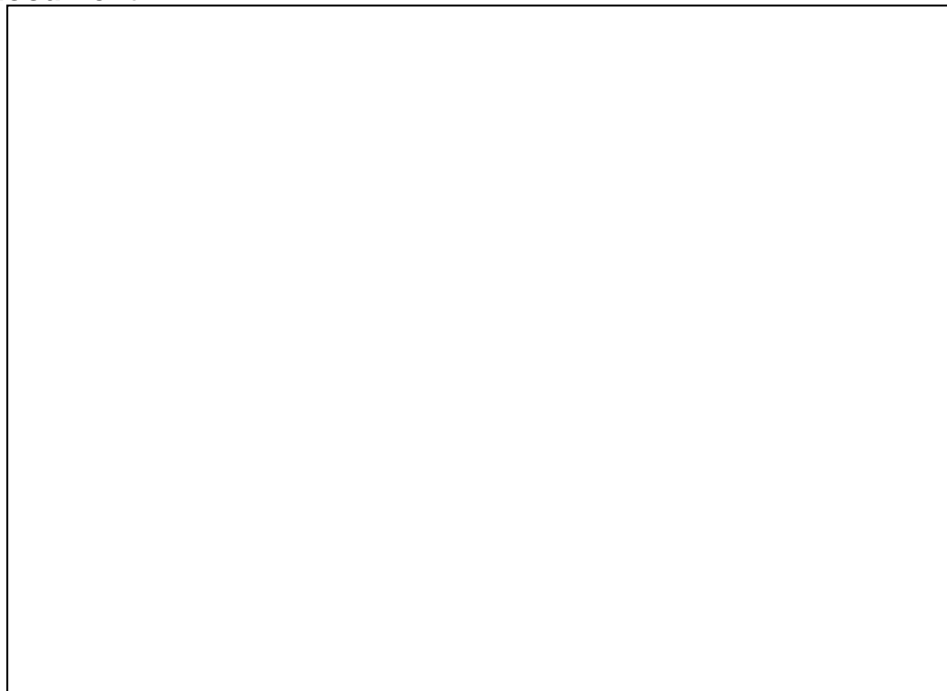
**Project Timetable (please indicate when you anticipate start/completion of project)**

**Part Two - Appraisal**

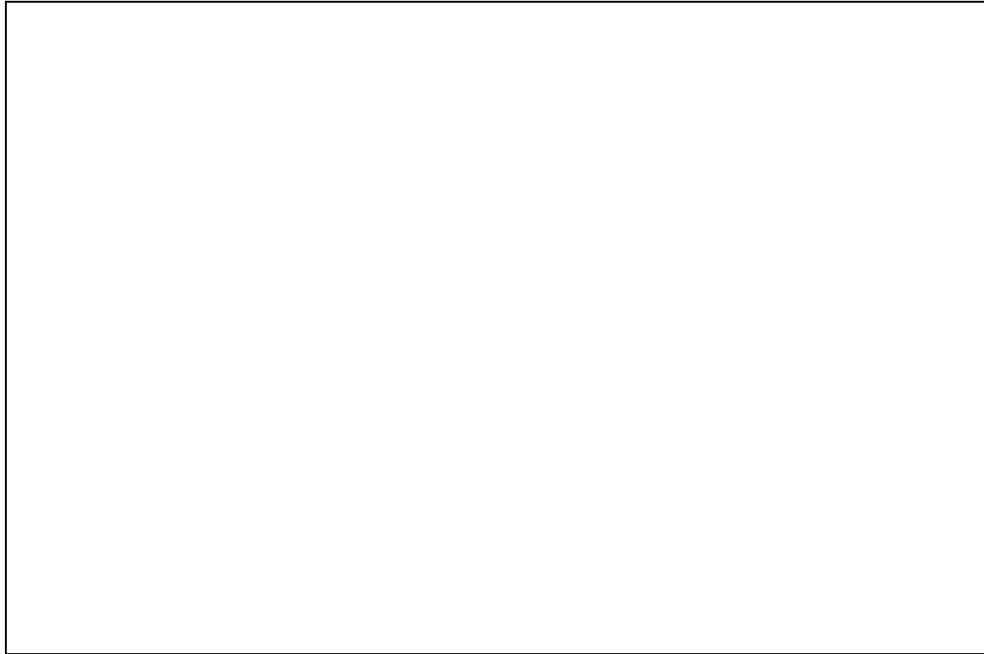
- 1. To what extent does the project contribute to delivering the Council's corporate priorities?**



- 2. To what extent does the project meet the Liveability Fund strategy document?**



**3. What evidence is there of need for the project and has there been any consultation, including the local community partnership/forum or Local Authority Officers ?**



**4. To what extent does the project provide a way of improving the delivery of Council services?**



**5. Will the project require ongoing revenue support? To what extent is this provided for?**

**6. Please state what geographical area your proposal will broadly impact upon**

Blandford

District wide

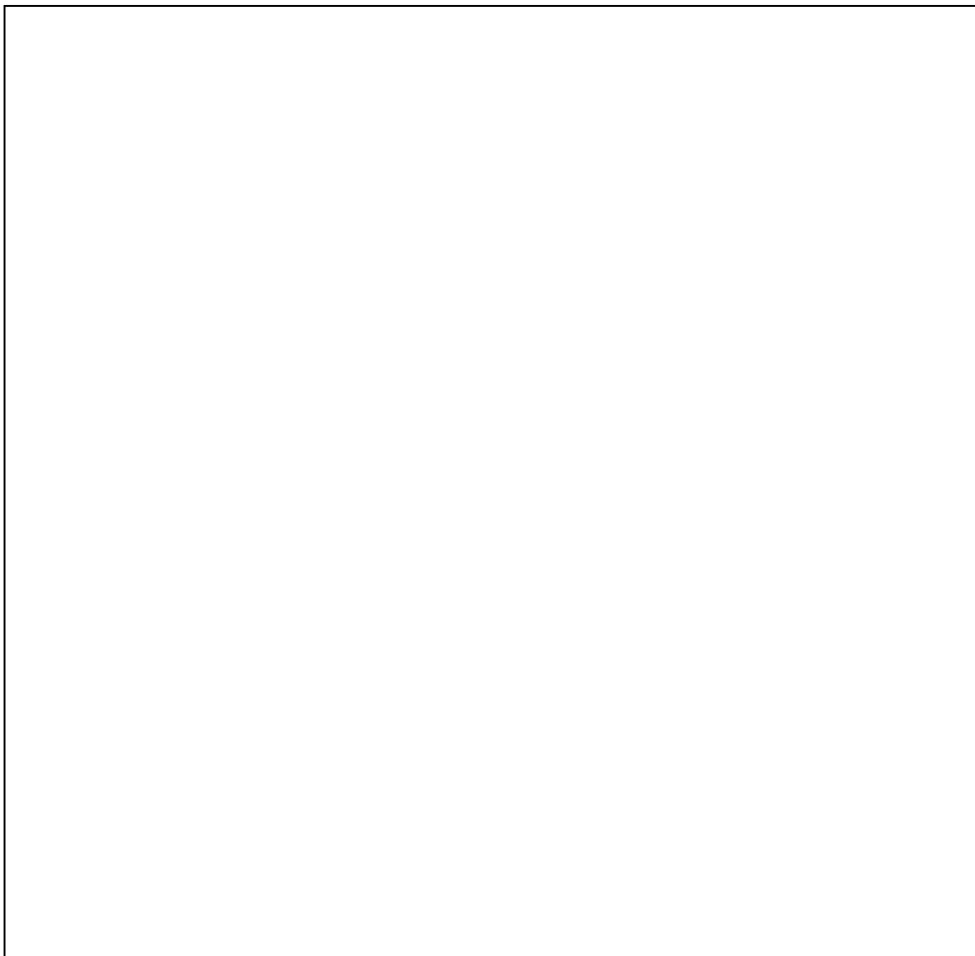
Shaftesbury

**7. How many people will benefit from this project? Please include information on the age ranges of the people who will benefit from your activity.**

**8. Please explain how your project contributes to equal opportunities and accessibility for all?**



**Please explain how the project will be monitored and evaluated?  
Please also include information about the project milestones.**



**Financial Information**

**Total amount of Liveability Fund applied for**

£
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- 9. Are you seeking match funding for your project? If so, from where are you seeking it and for how much? Please indicate the current status of those applications?**

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**10. We need to understand how this project will be sustained beyond the life of Liveability eg. Income generation potential, exit strategy for the project, proposed management of project etc. Please outline how these key points will be achieved?**



## **DECLARATION**

### **Data protection**

The information you provide will be processed by us. We will hold the information you give us on computer and use it for statistical purposes. We may provide copies of the information to individuals or organisations who are helping us assess and monitor grants. This may include local authority partners, other government organisations that award grants.

## **CHECKLIST**

Before you finally sign your application, please check the following.

**Have you filled in every relevant question on the proposal form ?**

**Have you kept a copy of this proposal for your records ?**

## **ORGANISATIONS**

I confirm that the organisation named on this proposal has given me the authority to sign this application on their behalf.

I confirm that the activity in the proposal falls within the powers of the organisation's constitution or Memorandum & Articles of Association.

I confirm that, as far as I know, the information in this proposal is true and correct.

**Signed** .....

**Date** .....

## **PLEASE RETURN THIS FORM TO :**

JAN TEMPLETON,  
RURAL REGENERATION CAPITAL PROGRAMME MANAGER  
LIVEABILITY FUND,  
STURMINSTER HOUSE,  
MARKET PLACE,  
STURMINSTER NEWTON,  
DORSET DT10 1AS