

**Application for Greater Lincolnshire LEP Funding**

**Commercial Feasibility Grant**

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| **Project Name** |  | **Project Ref:** | LEP to Complete |
| **Project Location** |  | | |
| **Site ownership** |  | | |
| **Planning Application Ref** |  | | |

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| **Feasibility Costs** |  | **LEP Funding Sought (£)** |  |
| **Total Proposed Investment** |  | | |

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| **Lead Applicant** |  | | |
| **Organisation Type** |  | | |
| **Applicant Address** |  | | |
| **Main Contact Person** |  | | |
| **Contact Email** |  | **Telephone** |  |

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| **Feasibility Start** | **Feasibility Completion** | **Project Start** | **Project Completion** |
| *date from which feasibility expenditure will be incurred* | *date by which feasibility costs will have been spent* | date on which the main project is forecast to start | *the date by which the main project will be constructed/implemented* |
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| **Funding Summary (Feasibility Costs Only)** | | | | | |
|  | **LEP Funding (a)** | **Public Match Funding (b) – please state** | **Private Match Funding (c)**  **Please state** | **Totals (d)** | **Contribution Rates**  **(if applicable)**  **(a)/(d) x 100** |
| **Capital** |  |  |  |  |  |
| **Revenue** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

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| **Delivery Partners** | | | | |
| Will you work with other organisations to deliver this project? | **YES** |  | **NO** |  |
| If YES, please state which other lead partners will be involved in delivery. | | | | |

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| **1. Deliverability** |
| **1.1 Please describe the project that is being considered for development/implementation. What is the total level of investment proposed in the project if it progresses?** |
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| **1.2 What research or evidence has been undertaken to demonstrate the need, demand or impact of this project? How has this work been financed? Please attach or provide links to completed studies and impact assessments where available.** |
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| **1.3 What remaining work is required to determine whether the project will proceed or not?** |
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| **2. Project Need** |
| **2.1 Why is the project needed in Greater Lincolnshire?** |
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| **2.2 Please explain how the project will deliver the strategic objectives of the Local Enterprise Partnership area and will demonstrate alignment with other local growth priorities.** |
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| **2.3 Why does the applicant/project team need a Feasibility Grant? What other options have been considered to progress the feasibility and delivery phase?** |
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| **3. Project Timeline and Milestones**  What is the estimated timescale for delivery of the project, post completion of the feasibility phase? Please outline the following steps that have been, or will be, completed to progress delivery |
| |  |  |  | | --- | --- | --- | | **Milestone (amend as necessary)** | **Forecast Date** | **Comments** | | Initial scheme design complete |  |  | | Feasibility work completed |  |  | | Detailed design completed |  |  | | Planning Permission submitted |  |  | | Match funding secured |  |  | | Procurement process issued |  |  | | Procurement contracts Awarded |  |  | | Start of construction |  |  | | Completion of construction |  |  | | Start of activity |  |  |   Please provide details on any other key work or stages that need to be completed (by when) to ensure delivery   |  |  |  | | --- | --- | --- | | **Milestone** | **Forecast Date** | **Comments** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| **4. Feasibility Costs** |
| **4.1 Please provide a detailed breakdown of the feasibility costs which you are seeking funding towards. Please note: If your application for funding is approved, you will be required to secure at least 3 quotes for the resources requested** |
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| **4.2 Please identify the source(s) of your match funding, whether it is in place and if not, when is it likely to be confirmed?** |
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| **4.3 How (and when) do you intend to finance the delivery phase of the project if it progresses beyond the feasibility phase?** |
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| **4.4 Has your company received any other state funding or support over the last three years (including grants, loans, tax breaks or the use or sale of a state asset for free or at less than market price)**  **If yes, please provide details below, including dates and amounts of the award** |
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| **5. Declaration** |
| I declare that I have the authority to represent *(insert name of organisation)* \_\_\_\_\_\_\_\_\_\_\_\_in making this application. I understand that acceptance of this Application does not in any way signify that the project is eligible for Greater Lincolnshire Local Enterprise Partnership support or that LEP Funds has been approved towards it.  On behalf of *(insert name of organisation)* \_\_\_\_\_\_\_\_\_\_\_\_and having carried out full and proper inquiry, I confirm to the Greater Lincolnshire LEP:   * *(insert name of organisation)* \_\_\_\_\_\_\_\_\_\_\_\_has the legal authority to carry out the project; and * That the information provided in this application is accurate.   I confirm to the Greater Lincolnshire LEP:   * I have informed all persons in relation to whom I have provided personal information of the details of the personal information I have provided to you and of the purposes for which this information will be used and that I have the consent of the individuals concerned to pass this information to you for these purposes. * That I shall inform the Greater Lincolnshire LEP if, prior to any LEP Funds being legally committed to *(insert name of organisation)* \_\_\_\_\_\_\_\_\_\_\_\_I become aware of any further information which might reasonably be considered as material to the LEP in deciding whether to fund the application. * An explanation of all match funding arrangements to deliver the scheme will be provided to the Greater Lincolnshire LEP prior to the award of LEP Funds. * I am aware that if the information given in this application turns out to be false or misleading the Greater Lincolnshire LEP may demand the repayment of funding and/or terminate a funding agreement pertaining to this Application. * All relevant documents are retained with a view to providing relevant information in the event of an audit or other investigation   I confirm that I am aware that checks can be made to the relevant authorities to verify this declaration and any person who knowingly or recklessly makes any false statement for the purpose of obtaining grant or for the purpose of assisting any person to obtain grant is liable to be prosecuted. A false or misleading statement will also mean that approval may be revoked and any grant may be withheld or recovered with interest. I am aware that if the Applicant commences any project activity, or enters any legal contracts or makes any binding commitments, for which LEP funding is sought (including the ordering or purchasing of any equipment or services before both the formal approval of the project and the execution of the Greater Lincolnshire LEP Funding Agreement), that this expenditure is incurred at the Applicant’s own risk as it may not be compliant with Greater Lincolnshire LEP funding requirements. |
| **Signed ………………………………………………………………………………….For and on behalf of the Applicant Organisation**  **Name (BLOCK CAPITALS) ………………………….. Date: …………………………………….** |

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| **6. Next Steps** | |
| **Please email the completed version of this form by 21 November 2016 to:** | |
| **Name** | **Cathy Jones** |
| **Email** | [**cathy.jones@lincolnshire.gov.uk**](mailto:cathy.jones@lincolnshire.gov.uk) |