

Discretionary Disabled Project Grant (DDPG) Application Form

The DDPG will invite applications from residents of Rother to improve and update disabled facilities for community-based buildings and groups.

The grant is intended to support smaller projects that are easily deliverable. The conditions of the DDPG are designed to be responsive to the needs of community groups and facilitate greater accessibility for disabled people. Applications need to evidence the extent of the need for any proposed adaptation as well as illustrate what efforts have been made to secure funds from other sources and the reasons for these applications having been unsuccessful.

This form is used to ascertain the eligibility for financial assistance. Please complete the form in BLOCK CAPITALS and return to: Claire Ellwood, Disabled Facilities Grants Support Officer, Rother District Council, Town Hall, BEXHILL ON SEA, TN39 3JX

(Tel: 01424 787599 - please call if you need help completing the form).

Please note that financial assistance cannot be given for any works that are started prior to formal approval.

Name of Group/ organisation.....

Name of main contact for this application.....

Address for
correspondence.....

..... Post code:

Contact telephone number.....

Email.....

Website.....

What type of group are you? e.g charity, community group, community building

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Do you have Vulnerable Adult and/or Child Protection Policies and Procedures in place to protect safety? (please circle) Yes **No**

Do you have Public Liability insurance? (please circle) Yes **No**

Please tell us which area/s of the District will benefit:

Estimate the number of Rother residents who will benefit – NOT including volunteers

Name of Ward Councillor supporting this application.....

Tick the box(es), which best reflect how your project will help to achieve the District Council aims.

Priorities	Please tick
The proposed adaptation is needed and there is evidence that people with disabilities will benefit	
The proposed adaptation provides access to facilities or activities that are presently inaccessible to people with disabilities.	
The proposed adaptation supports communities to promote active lifestyles that benefits physical and mental wellbeing	
To ensure the resilience of community and voluntary groups in the future	
To improve the safety of people with disabilities	
To support the local economy and businesses	

Reason for the Funding Request: Include what you are planning to do and how you feel it will meet the priorities above (Max. 500 words)

Continued.....

Your signature/agreement as the main contact on this form- NB your main contact signatory must be separate members of your organisation whom you reasonably expect to be available for the duration of the financial year and take responsibility for providing monitoring information. You must notify the Council of an alternative suitable contact who has agreed to take over the responsibility if either leaves your organisation for any reason.

I confirm that to the best of my knowledge and belief, all replies given on this application form are true and accurate. I understand that supporting information may be requested at any stage of the application process.

Signed.....Date.....

Contract

(This section MUST be completed by a person duly authorised to do so on behalf of the organisation making this application. They must have read and understood the whole application. This may be for instance your Chairperson, Vice Chairperson, Secretary or Treasurer. They should **not** be the main contact for the application.

Terms

1. The grant will be used for the purposes set out in this application only.
2. The Council may use our name and the name of our project in its own publicity materials and we will inform the Council of situations where confidentiality is an issue.
3. The Council shall have no liability to the Organisation for any claims, losses, damages, or expenses it may suffer or incur as a result of its use of the grant.
4. The Council may at its sole discretion withhold or suspend payment of a grant and/or require repayment of all or part of the grant in the following circumstances:
 - a) The Organisation uses the grant for purposes other than those for which they have been awarded.
 - b) The Organisation fails to comply with any of the term and conditions set out in this Agreement.
 - c) The Organisation provides the Council with incorrect or misleading information or completes the application form or supporting documentation dishonestly.
 - d) Any member of the governing body, employee or volunteer of the Organisation has
 - (i) Acted dishonestly or negligently at any time and directly or indirectly to the detriment of the Project; or
 - (ii) Taken actions which, in the reasonable opinion of the Council, bring or are likely to bring the Council's name or reputation into disrepute.

Title	First Name	Last Name
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Occupation

Position in Group

Contact address (including postcode)

Contact Number

Please enter your email address to confirm you have read the full application and agree to the terms (the Contract signatory must NOT be the Main Applicant)

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Final Checklist

Please tick off this checklist to make sure you are sending us everything we need to process your application	Tick Box
All questions are answered fully and correctly	
You have taken and kept a copy of this application form for your reference	
This form has been signed by the two separate signatories required (the Main Contact must NOT sign it twice)	

Additional Information

Please use an additional sheet for any additional information you wish to add. (up to a maximum of an A4 sheet) Please ensure you include the question number to which the information relates to.