Neighbourhood CIL Bid

Applicant details **Name** **Community group/Organisation** **Address**		**Contact details** **Tel number[s]** **Email address**	
Ward		**Has a recognised community group been consulted**	**YES / NO [if Yes please provide details]**

Are these proposals supported by Ward Members?	**YES / NO**
Details of Ward Members in support	**1.** **2.** **3.**
Details of partner organisations/groups **Name** **Community group/Organisation** **Address** **Email address** **Tel number**	

Please send form to: CIL@portsmouthcc.gov.uk or Neighbourhood CIL Team, Planning Service, Floor 2 Core 5 Civic Offices, Guildhall Square, Portsmouth, PO1 2AU

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Project Location/address		**Anticipated start date** **Anticipated finish date**	
Project Details **Description of scheme** **Please attach supplementary information such as drawings/quotes/regulatory approvals**		**Overall cost of project [incl VAT]** **Level of CIL Neighbourhood Funding that is sought**	**£** **£**
Briefly describe how the scheme supports/benefits the development of your local area by funding either a) the provision, improvement, replacement, operation or maintenance of infrastructure; or b) anything else that is concerned with addressing the demands that development places on the area			

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How do you hold the land or buildings at present?	Freehold	☐	Leasehold	☐	Do not own the land or buildings	☐
If you have a leasehold contract or do not own the land, please provide the landowner's name, address - evidence of landowner consent must be included						
If you do not own the land, do you have the landowner's permission to proceed with your project?						
Who will deliver the project? (e.g. the Council, applicant or a third party)						
Please provide a full breakdown of the project costs (Appendix C) (attaching quotes to substantiate your figures where possible) ***Note: it is recommended that a minimum of three quotes using a common specification should be obtained***	Please tick to confirm you have completed Appendix C ☐ Please tick to confirm you have attached supporting quotes ☐					

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Please provide a brief explanation as to why the chosen quote(s) offer the best value (not necessarily the cheapest). **If three quotes aren't available, explain why and how the selected option still represents good value for money,**				
Please provide a full breakdown of the funding sources for this project (Appendix D)	Please tick to confirm you have completed Appendix D ☐			
Please explain how the infrastructure will be maintained and funded after project completion, including how any ongoing revenue or maintenance costs will be covered if not supported by the requested CIL funds				
Please provide the following organisation details (if applicable)	Company Registration No.		Charity Registration No.	
Please provide the following details:	Date of your latest published accounts		Accounting period of your latest accounts	

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To ensure public funds are used responsibly and deliver value for money, the Council will consider the financial viability of applicants requesting CIL funding. **Please provide a web link to or submit a copy of your latest audited/published accounts** ***Please Note: Additional information may be requested during the application review***	Link details:	
	If a link is not provided, please tick to confirm you included a copy of your accounts ☐	
I/We confirm that the information provided in this application is, to the best of my/our knowledge, true and accurate. I/We further acknowledge and accept the publicity requirements associated with Neighbourhood CIL funded projects, as outlined in Point 4 of the CIL Neighbourhood Portion Spend Guidance Note. **Please note that providing false or misleading information may result in the withdrawal of funding.**	Signature: Date:	

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Notes to applicant

Please retain a copy of this form

Supporting information [e.g. plans/drawings, quotes] can be submitted electronically to CIL@portsmouthcc.gov.uk

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APPENDIX C: FULL BREAKDOWN OF PROJECT COST - TEMPLATE

Please provide a full breakdown of the project's costs (attaching quotes to substantiate your figures where possible)

Type of cost	£
Net Cost	
VAT	
Total cost	

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APPENDIX D: DETAILED OVERVIEW OF PROJECT FUNDING SOURCES

It is important that you demonstrate that the funding you are seeking, together with other funding sources, covers the total cost of the project. Please also include any neighborhood CIL already received and/or allocated to this project

Funding Source	Secured Yes/No	If not secured - when will you know	Amount £
Neighborhood CIL Allocated			
Other - e.g. VAT reclaim			
Amount being applied for a local CIL funding			
Total Funding			**£**

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