**Sector Support Fund (SSF) Application Template**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Project Title** | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Project Location** | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Lead point of contact for Project** | | | | | | | | | |
| Name |  | | | | | | | | |
| Organisation |  | | | | | | | | |
| Job Title |  | | | | | | | | |
| Telephone |  | | | | | | | | |
| Email |  | | | | | | | | |
| 1. **Lead contact in County Council/ Unitary Authority (if different from above)** | | | | | | | | | |
| Name |  | | | | | | | | |
| Organisation |  | | | | | | | | |
| Job Title |  | | | | | | | | |
| Telephone |  | | | | | | | | |
| Email |  | | | | | | | | |
| 1. **Description of Project (No more than 300 words)** | | | | | | | | | |
| *This narrative should include evidence of impact in at least three of the four SELEP Federated areas and links to sector based working groups* | | | | | | | | | |
| 1. **Project links to SELEP Strategic Economic Plan** | | | | | | | | |
| *Please identify which objectives within the current SEP that this project will assist in delivering* | | | | | | | | |
| 1. **Total value (£s) of SSF sought (net of VAT)** | | | | | | | | |
|  | | | | | | | | |
| 1. **Total value (£s) of project (net of VAT)** | | | | | | | | |
|  | | | | | | | | |
| 1. **Total value (£) of match funding (net of VAT)** | | | | | | | | |
|  | | | | | | | | |
| 1. **Funding breakdown (£s)** | | | | | | | | |
| **Source** | | | **2017/18** | | **2018/19** | **2019/20** | | **Total** |
| SSF | | |  | |  |  | |  |
| Other sources of funding (*please list below, add additional rows if necessary*) | | | | | | | | |
| *Insert name of funding* | | |  | |  |  | |  |
|  | | |  | |  |  | |  |
|  | | |  | |  |  | |  |
| Total Project Cost | | |  | |  |  | |  |
| 1. **Details of match funding** | | | | | | | | |
| *Insert details of match funding, including who is providing match, at what value, on what terms and what assurances are there that the match will be provided* | | | | | | | | |
| 1. **Expected project start and completion dates** | | | | | | | | |
|  | | | | | | | | |
| 1. **Key Milestones** | | | | | | | | |
| **Key Milestones** | | | | **Description** | | | **Indicative Date** | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 1. **Benefits created by 2021 (list benefits with number/amount and cash value if applicable)** | | | | | | | | |
| **Type of Benefit** | | | | **Number of benefits created** | | | **Cash value of benefit (£)** | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| 1. **Value for Money – Benefit/Cost Ratio** | | | | | | | | |
| *Please insert your Benefit/Cost Ratio (i.e total value of benefits divided by total costs). Please indicate how you have quantified your benefits and over what period those benefits are expected to realised* | | | | | | | | |
| 1. **Value for Money – Other Considerations** | | | | | | | | |
| *Please detail benefits that cannot be quantified or cannot be quantified without lengthy or expensive analysis. This narrative should include details on why the benefit can’t be quantified. If your BCR does not meet the standard 2:1 – please use this section to set out why the investment should be considered* | | | | | | | | |
| 1. **Dependencies and Risks** | | | | | | | | |
| *Please detail any scheme dependencies, risks and delivery constraints which may impact on the delivery of the project and or the benefits achieved through SSF investment in the Project* | | | | | | | | |
| 1. **State Aid Implications** | | | | | | | | |
| *Please indicate how your project complies with State Aid Regulations*  *NB: A declaration of compliance with EU or other State Aid Regulations will be required prior to any SSF being provided. If your project is awarded SSF it will be subject to a condition requiring the repayment of funding in the event that the European Commission or UK Government determines that the funding constitutes unlawful State Aid* | | | | | | | | |
| 1. **Contracting Body** | | | | | | | | |
| *Please provide the name of the organisation to act as contracting body and give details of a contact within the organisation, including phone number and email.*  *If the contracting body is* ***not*** *one of the SELEP County or Unitary Councils, please detail the organisation that has been chosen, why the organisation has been selected and the benefits this arrangement will bring to the project. Any known risks of this organisation acting as contracting party should be identified here. Essex County Council as Accountable Body will make the final decision on whether any organisation is a suitable contracting partner.* | | | | | | | | |
| 1. **Declaration** | | | | | | | | |
| **Declaration** | | **I certify that the information provided in this application is complete and correct** | | | | | | |
| **Signature (Lead applicant)** | |  | | | | | | |
| **Print Name** | |  | | | | | | |
| **Organisation** | |  | | | | | | |
| **Date** | |  | | | | | | |

*A version of this document is available at www.southeastlep.com*