

SDNPA Affordable Housing Grant Application Form



What should this form be used for?

The South Downs National Park Authority collects money from developments that it can then use to spend on supporting affordable housing projects. This form should be completed by a Community Land Trust or similar organisation to request funding for a specific affordable housing project.

PROJECT INFORMATION

Project Title	
Organisation	
Reason for Application	
Amount Requested	

CONTACT DETAILS

Contact Name		Address	
Phone Number		Email	
Nominated Grant Officer		Organisation Type	

PROJECT DETAILS

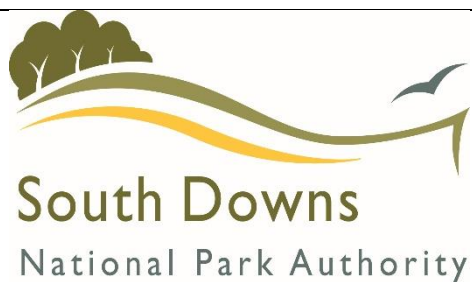
Project address	
Eastings / Northings (if known)	
Current Site Owner (Name and address)	
Site Owner after Completion (Name and address)	
Is the Site lease hold? If yes, please provide details of the lease holder	
Affordable Housing Registered Provider (Name and address)	

Project Summary (include details of proposed housing provision, mix and type of dwelling)	
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PLANNING INFORMATION

Planning Application Reference (if new development)	
Date Permission Granted	
Current Status of Development	
Commencement Date (Proposed if not yet commenced)	
Completion Date (Anticipated date if not completed)	
Partners Please list other organisations that will help deliver the project (if applicable)	
Please list and attach any specific planning application plans, drawings or other relevant information.	Attached documents:

<p>I confirm that I have been authorised by the above organisation to apply for this funding and that to the best of my knowledge all the information I have provided is true.</p> <p>I understand that the information supplied in this application is not confidential – however any supplementary material provided, including business plans, will remain confidential unless otherwise agreed.</p> <p>I understand that the SDNPA may use this project as an example to other applicants on how funds can be used.</p> <p>I understand that should our Grant Application be successful the completion of a legal Grant Agreement will be required and confirm that I have the necessary authority, capacity and consents to enter into this Grant Agreement and to deliver the Project.</p>	
Signed:	Date:



CREDITORS MASTERFILE SET UP FORM

SOUTH DOWNS NATIONAL PARK

To whom it may concern,

I would like to set you up as a supplier on our payments system. In order to do so I will need from you the following information. Please complete all sections that apply.

Full name of company/organisation/trader	
Main address	
Phone number	
Email address	
Payments address (please complete if you have a separate credit control or debtors section)	
Payments email	
Payments phone no.	
Other information	
Website	
VAT registration no. (if applicable)	
BACS details	
Bank account no. (8 digits)	

Sort code	
Bank account name (not the name of the Bank)	
Reference/building society roll number	
Contact Details of supplier	
Name	
Contact phone no.	
Position in organisation	

Brighton & Hove County Council USE ONLY	
Duplicate checks made	
Input by	
Authorised by	