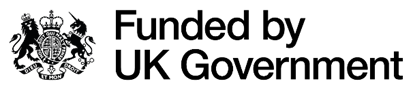
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**Nottingham City Council UKSPF**

**Digital Skills Grant**

Application Form

Applications will be assessed on first come first serve basis subject to completion of full application form and supporting documentation.

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| **For office use** | |
| Reference No. |  |
| Date application received |  |
| Date of appraisal |  |
| Name of appraiser |  |

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| **Section 1 – About your organisation** | |
| Organisation name (s)  (If working in partnership) |  |
| Lead Organisation (L) |  |
| Type of organisation (L) | Community Interest Company  Charitable Incorporated Organisation  Company Limited by Guarantee  Social Enterprise  Registered charity  Public body which delivers or hosts community projects  Constituted body  Private business which delivers training to unemployed Nottingham City residents  Other – please specify:   |  | | --- | |  | |
| Lead Contact name (L) |  |
| Position within organisation (L) |  |
| Organisation address (L) |  |
| Postcode (L) |  |
| Telephone number (L) |  |
| Email (L) |  |
| Website (if applicable) (L) |  |
| Please provide details outlining why your organisations are working in partnership.  What will each organisation bring to the project and why you are not applying independently? |  |

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| **Section 2 – Proposed use of Digital Skills Grant** | |
| Please provide a brief background to your organisation (s) | Max 300 Words |
| Please provide a summary of how your Organisation currently engages and supports economically inactive and unemployed City residents to develop their skills. | Max 300 Words |
| Please give details of the equipment you are proposing to purchase using the Digital Skills Grant | Max 300 Words |
| Please provide details of the Nottingham City venue where this equipment would be stored and accessed by economically inactive and unemployed City residents. | Max 300 Words |
| Are you intending to use this equipment at any other venues in Nottingham City? (if so, please provide details). | Max 300 Words |
| How many days in a typical week would economically inactive and unemployed City residents be able to access this equipment? | Max 300 Words |
| What date will City residents to be able to access and use the equipment purchased using this grant? | Max 300 Words |
| What will be the impact on your organisation and the community if you are not successful with this grant? | Max 300 Words |
| **Achieving UKSPF Outputs and Outcomes** | |
| How would the equipment be used to help economically inactive and unemployed City residents to engage in life skills support\*? | Max 300 Words |
| How many economically inactive and unemployed City individuals are you proposing to support to engage in life skills by the end of March 2025. | Max 300 Words |
| *\*Life skills support is additional support which improves confidence, resilience or motivation around the process of job searching and may include basic skills (English, Maths), digital skills, communication skills, presentation skills, activities which reduce social isolation or encourage appropriate employment related behaviours* | |
| How would the equipment be used to help economically inactive and unemployed City residents to gain a qualification\*\* or complete a course? | Max 300 Words |
| How many economically inactive and unemployed City individuals are you proposing to will start a qualification\*\* or course by the end of March 2025? | Max 300 Words |
| How many of these will gain a qualification or complete a course by the end of March 2025? | Max 300 Words |
| *\*\*The courses and qualifications should support individuals to progress into further education or training opportunities or to develop skills that will support their progression into employment*  *Please go to Appendix 1 to provide examples of the courses or qualifications individuals using the equipment will be able to access and explain how these will support progression* | |

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| **Section 3 - Details of equipment to be purchased using the Grant** | | | | | | | |
| For each item of equipment please provide:   * Minimum of one written quotation must be obtained for each item to be purchased, and details must be provided below. * Copies of the supplier quotations, on supplier letterheads or screenshots, must be attached to your application. * Please go to Appendix 2 and provide more details for each line. | | | | | | | |
| **Line no.** | **Item of Equipment to be purchased** | **No. of items** | **Supplier** | **Planned date of purchase** | **Total cost (incl. VAT)** | **Total cost (exc. VAT)** | |
| 1 |  |  |  |  | £ | £ | |
| 2 |  |  |  |  | £ | £ | |
| 3 |  |  |  |  | £ | £ | |
| 4 |  |  |  |  | £ | £ | |
| 5 |  |  |  |  | £ | £ | |
| 6 |  |  |  |  | £ | £ | |
| 7 |  |  |  |  | £ | £ | |
| 8 |  |  |  |  | £ | £ | |
| 9 |  |  |  |  | £ | £ | |
| 10 |  |  |  |  | £ | £ | |
| **Total cost of equipment to be purchased** | | | | | £ | £ | |
|  | | | | | | | |
| **Total grant requested\*** | | | | | | £ | |
| \*Total grant requested should include the VAT amount. | | | | | | |

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| **Section 4 - Subsidy control** | |
| The new UK subsidy control regime commenced from 4 January 2023. The new regime enables public authorities, including devolved administrations and local authorities, to deliver subsidies that are tailored for local needs. Public authorities giving subsidies must comply with the UK’s international subsidy control commitments. The subsidy control legislation provides the framework for a new, UK-wide subsidy control regime. Further information about subsidy control can be found on the gov.uk website at: <https://www.gov.uk/government/collections/subsidy-control-regime> | |
| Have you received a Subsidy or State Aid of more than £315,000 over the last 3 financial years | Yes  No |

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| **Section 5 – Payment of grant** |
| Only complete this section if your organisation would require the grant payment in advance of purchasing of the equipment listed in this application.  In order for your request to be considered you will need to answer all the questions in this section and submit one of the documents below with your completed application form.  Bank statement (Screen shot will be accepted)  Copy of management accounts  If your organisation would not require the grant payment in advance of purchase of the equipment listed in this application, please go to **Section 6.** |

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| Please explain why you would not able to make the purchases in advance of receiving the Digital Capital grant. This explanation should be supported by a bank statement and / or a copy of your management accounts. | |
|  | |
| Are you registered as a supplier on NCC financial system? | Yes  No |
| Have you received any grants / payments from NCC in the past 3 years? | Yes  No |
| Are you currently receiving a grant or funding from NCC to deliver a project? (e.g. UKSPF, Multiply, Community & Family learning, etc.) | Yes  No  If yes, please give details: |
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| **Section 6 - Declarations** | |
| * I confirm that I am authorised to sign on behalf of the company and confirm that the information contained in this application form is correct to the best of my knowledge * I declare that neither myself as signatory to the application, members of the governing body of the company or agents acting on our behalf have an interest in the awarding of contacts to the suppliers who have quoted for the work. * I understand that any financial assistance granted will be repayable on demand, or future payments not made, if any information provided is found to be incorrect. I give permission for the information contained in this form to be shared, if requested, by the Programme funding body, the Department for Levelling Up, Housing & Communities, and Nottingham City Council. * I accept that the grant is consistent with most recent UK government law regarding subsidy control and any over payment of grant will be paid back to Nottingham City Council. * I understand that if Nottingham City Council approves the application, the terms and conditions shall be enforceable on the basis of the Terms and Conditions of the grant scheme * I understand that providing wrong or misleading information is a criminal offence and any such information may be used against applicants in any subsequent criminal investigation. The information provided on the online application form may be made available to other departments/agencies for the purposes of preventing or detecting crime. * I understand that any grant received by a business must be declared to HM Revenue & Customs (HMRC) as appropriate as part of the tax return for the business. * I confirm that the information provided in this application is a true and accurate description of the intended use of the grant. | |
| **Data protection** | |
| The Digital Skills Grant project is funded through the UK Shared Prosperity Fund (UKSPF) administered by the Nottingham City Council.  The Digital Skills Grant project has contractual obligations to record outputs and outcomes associated with this funding. Further details on the collection of this information will be included in the Grant Agreement should this application be successful.  For the purposes of the General Data Protection Regulation (GDPR), in terms of the information processed, the following parties are Data Controllers:   * The Lead Authority, Nottingham City Council   See the Privacy Notice on the Nottingham City Council UKSPF webpage for more information (www.nottinghamcity.gov.uk/ukspf). | |
| **Name** |  |
| **Signature** |  |
| **Position in business** |  |
| **Date** |  |

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| **Section 7 – Application checklist.**  **Please use this checklist to ensure that you send us everything that we need to assess your application.** | |
| You have answered all the relevant questions on this application form | Yes  No |
| You have read and signed Section 6: Declarations | Yes  No |
| You have enclosed quote(s) for proposed purchases | Yes  No |
| You have completed the Appendix sections where applicable | Yes  No |
| If you have completed Section 5, you have enclosed a bank statement and / or copy of your management accounts | Yes  No |

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| **Next steps** |
| Please email the completed form and supporting documents (quotes, budgets, bank statements and evidence of any planning permissions/consents) to:  **ukspf@nottinghamcity.gov.uk**  On receipt of a fully completed application, your application will be acknowledged as received and a decision made within 4 weeks of receiving the application. The volume of applications may affect this timescale.  Completing this application form does not guarantee the awarding of a grant. An offer letter will be sent to you if your application is approved. |

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| **Appendix 1 – Course and Qualification details** |
| Please provide examples of the courses and qualifications that individuals using the equipment will be able to access and provide a rationale for how these will support their progression into further education or training opportunities or with their progression into employment  Add additional lines if needed |

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| Name of course or qualification | How will this support progression into further education or training opportunities or progression into employment |
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| **Appendix 2 – Supplier details** |
| Please complete one table for every item or service listed at Section 3. Add additional boxes if required |

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| --- | --- |
| **Line no. 1** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

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| **Line no. 2** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

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| **Line no. 3** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

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| **Line no. 4** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

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| **Line no. 5** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |

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| **Line no. 6** |  |
| **Items to be purchased** |  |
| **No. of Items** |  |
| **Name of supplier** |  |
| **Date of supplier quote** |  |
| **Supplier quote (£) exc VAT:** | **£** |
| **Total cost (£) inc VAT** | **£** |
| **Supplier Address (if applicable)** | |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Town:** |  |
| **County:** |  |
| **Post Code:** |  |
| **Supplier website (if applicable)** |  |
| **Reasons for choosing this supplier:**  You must demonstrate that your chosen supplier offers value for money and that you procured them fairly.  Please include: price, supplier expertise, track record and quality in your response. |  |