

Annex 1

SOUTH AREA COMMITTEE
7th January 2008

REGENERATION ISSUES REPORT: APPLICATIONS FOR SIB

1. Community Safety Initiative

Project Title:	Community Safety Initiative
SIB Requested:	£7,224

Section 1: Application Requirements

1.1
<p>Please note that this application will be presented to the relevant Area Committee for its consideration when determining your SIB Grant Application. The Agenda and the Minutes of the Area Committee Meeting will be available for inspection by members of the public. Please therefore ensure that your organisation is agreeable to the content of the information that is set out in the form.</p> <p>The Application Form should be provided in either electronic (e-mail or floppy disc) or typed format.</p> <p>If you have a problem with returning this form in either electronic or typed format, please contact the appropriate Area Regeneration Officer. Contact / address details are provided on the covering letter and in the Guidance Notes and Criteria and Project Guidelines.</p> <p>Please note that a representative of your organisation must be available to attend the pre-agenda and main committee meeting(s) to which this application is presented, as they may be required to answer questions. Failure to attend the meeting(s) may result in your application being deferred or rejected.</p> <p>Dates and Venues of future meetings are provided as supporting information.</p>
1.2 Which Area Regeneration Framework(s) does your project cover? (please tick)
<p>Coalfield [] East [] North [] Washington [] West [] South [<input checked="" type="checkbox"/>]</p>

Section 2: Sponsor Details

2.1 Name of Lead Organisation / Group:	Chelmsford Street Residents Group
2.2 Address of Lead Organisation / Group:	11 Chelmsford Street, Silksworth, Sunderland

2.3 Contact Name for Project:		2.4 Position in Organisation:	
Jennifer Penman		Secretary	
2.5 Tel. Number:	2.6 Fax Number:	2.7 E-mail Address:	
5211599			
2.8 Day to Day Contact Name / Details: (if different to 2.3 above)			
2.9 Legal Status of Organisation:		2.10 Registered Charity Number (if applicable):	
Constituted Group			
2.11 Does your organisation have a bank account into which funds can be paid?			
Yes			
2.12 Has the organisation received SIB support previously?			
Yes [] No [<input checked="" type="checkbox"/>]			
If 'Yes' please provide details:			
2.13 Are any trustees / members of the organisation employed by or are Elected Members of the City Council?			
Yes [] No [<input checked="" type="checkbox"/>]			
If 'Yes' please provide details:			

Section 3: Project Details

3.1 Project Title: (please re-state title as per front sheet)	
Community Safety Initiative	
3.2 Project Start Date:	3.3 Project End Date:
January 2008	May 2008
3.4 Please Describe the project:	
<p>The project is to 'gate' Chelmsford Street, a private, non-adopted highway, by installing a fence and gate at either end of it, which will help to counter anti social behaviour. It will also help to counter vandalism by providing a secure fence line for the adjacent allotment site.</p> <p>This will be a pilot project and the residents will have keys and the Residents Group will provide appropriate insurance and maintenance.</p>	
3.5 What service does the organisation currently provide and how will this be complemented by the project?	

The Residents Group's role is to improve the overall environment for the householders of Chelmsford Street. This project will contribute to this aim.

3.6 What additional activity will SIB funding allow to happen (please tick the appropriate statement)

(a)	A project will go ahead which otherwise would not happen at all	<input checked="" type="checkbox"/>
(b)	A project will be provided to a higher quality / on a greater scale	<input type="checkbox"/>
(c)	The funding will accelerate the implementation of the project by 12+ months	<input type="checkbox"/>
(d)	A gap in funding will be filled pending other funding being secured	<input type="checkbox"/>
(e)	Other reason	<input type="checkbox"/>

Please explain your answer:

Without this capital funding, the project cannot go ahead as the Residents Group cannot access funds from other sources.

3.7 How will you publicise that you have received support from SIB?
(Please refer to Section 3 of the guidance notes)

The Residents Group will work with the Area Committee Marketing Project.

3.8 Has there been any consultations concerning the need for this project?

Yes No

If 'Yes' please provide details:

The Residents Group has consulted with the council, the Allotment Association and police.

3.9 Is there any documentary evidence available to support the need for this project?

Yes No

If 'Yes' please provide details:

Letters from the residents, the Allotment Association, anti social behaviour statistics.

3.10 Who will benefit from the services provided by the project?

Local residents and allotment holders.

3.11 Will there be any implications for Council Services arising from this project?

Yes No

If 'Yes' please provide details:

3.12 Does this project require the support or sponsorship of a Sunderland City Council Directorate?

Yes No

If 'Yes' please provide details:

The Development and Regeneration Directorate support the gating proposal.

3.13 Are any legal and other approvals required?

Yes No

If 'Yes' please provide details of type of approval, date secured, or date expected to be secured:

Planning permission is required.

Section 4: Equal Opportunities

4.1 Does your organisation have an Equal Opportunities Policy?

Yes [] No []

If 'Yes' please describe how the project will comply with the Policy:

If 'No' please describe how your organisation addresses equal opportunities issues:

The project will encompass all the residents.

4.2 Does your project specifically address any of the following issues?

Ethnic Issues Yes [] No [] (please tick)

If 'Yes' please provide details as to how the project is in line with the Race Relations Act 1976:

Gender Issues Yes [] No [] (please tick)

If 'Yes' please provide details as to how the project is in line with the Sex Discrimination Act 1975:

Disability Issues Yes [] No [] (please tick)

If 'Yes' please provide details as to how the project is in line with the Disability Discrimination Act 1995:

Section 5: Relationship of Project to the Area Framework(s)

5.1 Identify which Area Regeneration Framework Action Plan Strategic Priorities this project will address through the use of SIB, and demonstrate how these will be achieved:

Reducing Crime and Disorder and the Fear of Crime:

- Reduce property crime;
- Address fears of house burglary;
- Reduce fear of crime;
- Create defensible space.

5.2 Identify outputs / outcomes against which the delivery of the project can be evaluated. Demonstrate how these will contribute to the Area Regeneration Framework(s).

The priorities in 5.1 are the project outputs and outcomes, which will be achieved by the completion of the project.

5.3 If the project relates to two or more Framework Areas, on what basis have you decided how to share the costs?

N/a

Section 6: Management Arrangements

6.1 Describe how the project will be managed:

The Residents Group will manage the project.

6.2 Are there any significant risks or uncertainties that may affect either the timetable of the project, or whether it achieves its objectives?

The receipt of planning permission; potential highway rights appeal.

Section 7: Financial Information

7.1 How much SIB funding is requested?

£7,224

7.2 Indicate the type of funding requested: (please tick)

Capital [] Revenue [] Both []

7.3 Has funding been requested / allocated from any other sources, including Council Directorates and if so how much?

No

7.4 What other funding alternatives have been considered and why were these not appropriate?

No other suitable sources have been identified.

7.5 What are the financial implications for the project should it not receive SIB funding?

It will not go ahead

7.6 When SIB expenditure is complete how do you intend to continue this project?

One-off capital project. The Residents Group will take out Public Liability Insurance and maintain the gates through agreed contributions.

7.7 Provide a profile of projected costs:

Funding Source	2007/08	2008/09	2009/10	Total Cost
SIB:				
Coalfield				
East				

North				
South	£7,224			£7,224
West				
Washington				
Other Sources (please state)				
1)				
Total Cost:	£7,224			£7,224
7.8 Please provide details of any 'in-kind' funding (e.g. Peppercorn rents), if included within the 'Other Sources' of funding shown above.				
7.9 Please provide a breakdown of the Total cost to show the main areas of expenditure:				
Fabrication and installation of metal fence, posts and gates: £6,630				
Design and technical drawings:.....£324				
Planning fees:.....£270				
Total:.....£7,224				
7.10 Please provide details of how you will ensure that the procurement and purchasing of services and equipment will be managed in accordance with requirements as detailed in the guidance notes and guidelines. Include any estimates that you have and details of any contractors or suppliers to be used.				
Procurement will be in line with City Council procedures.				

Section 8: Additional Information

8.1 Please provide any additional information that may be of use in support of your project proposal (Please append additional sheets if required):

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Section 9: Declaration

I declare that the information provided is correct and accurate and that, should this application be successful, the organisation will agree to the terms and conditions of SIB:

Name:

Jennifer Penman

Position in Organisation:

Secretary

Date:

16 11 2007

2. Portland Café Development Project

Project Title:
Portland Café Development
SIB Requested:
£12,500

Section 1: Application Requirements

1.1
<p>Please note that this application will be presented to the relevant Area Committee for its consideration when determining your SIB Grant Application. The Agenda and the Minutes of the Area Committee Meeting will be available for inspection by members of the public. Please therefore ensure that your organisation is agreeable to the content of the information that is set out in the form.</p> <p>The Application Form should be provided in either electronic (e-mail or floppy disc) or typed format.</p> <p>If you have a problem with returning this form in either electronic or typed format, please contact the appropriate Area Regeneration Officer. Contact / address details are provided on the covering letter and in the Guidance Notes and Criteria and Project Guidelines.</p> <p>Please note that a representative of your organisation must be available to attend the pre-agenda and main committee meeting(s) to which this application is presented, as they may be required to answer questions. Failure to attend the meeting(s) may result in your application being deferred or rejected.</p> <p>Dates and Venues of future meetings are provided as supporting information.</p>
1.2 Which Area Regeneration Framework(s) does your project cover? (Please tick)
Coalfield [] East [] North [] Washington [] West [] South [✓]

Section 2: Sponsor Details

2.1 Name of Lead Organisation / Group:		
Portland School		
2.2 Address of Lead Organisation / Group:		
Weymouth Road Chapelgarth Sunderland SR3 2NQ		
2.3 Contact Name for Project:	2.4 Position in Organisation:	
Martin Wright	Deputy Head teacher	
2.5 Tel. Number:	2.6 Fax Number:	2.7 E-mail Address:

553 6050	553 6048	Portland@schools.sunderland.gov.uk
2.8 Day to Day Contact Name / Details: (if different to 2.3 above)		
2.9 Legal Status of Organisation:		2.10 Registered Charity Number (if applicable):
School		
2.11 Does your organisation have a bank account into which funds can be paid?		
Yes		
2.12 Has the organisation received SIB support previously?		
Yes [] No [<input checked="" type="checkbox"/>]		
If 'Yes' please provide details:		
2.13 Are any trustees / members of the organisation employed by or are Elected Members of the City Council?		
Yes [<input checked="" type="checkbox"/>] No []		
If 'Yes' please provide details:		
School staff are employed by the Council. LEA Governor: Cllr Errington.		

Section 3: Project Details

3.1 Project Title: (please re-state title as per front sheet)	
Portland Café Development	
3.2 Project Start Date:	3.3 Project End Date:
February 2008	August 2008
3.4 Please Describe the project:	
<p>Portland School has developed and piloted a café within the school environment, but it needs investment to fulfil its potential and deliver its aims. The café is additional to normal school meals provision.</p> <p>The project is to undertake a programme of capital works and expand the café to ensure it can help deliver the school's extended and community services and to make a significant impact on the healthy eating options available to the varied groups who use the facility each week.</p> <p>The café is popular with staff, pupils and after-school community use, which provides healthy options and consistently promotes healthy eating at an affordable price. In addition, the facility will enable students to learn appropriate social skills in a safe setting before transferring those skills to the community; some lessons are based around this. At the same time they will also experience food, drink and healthy eating choices and alternatives that they would not normally opt for from a</p>	

typical café menu. Consequently when they access community cafés they will have greater experience and understanding of a wider range of healthy eating options. To do this we have found we need to increase the existing facility to meet growing demands. We need a dedicated food preparation area with an additional sink and increased storage space.

The local community also access the school through a range of after school clubs and activities and the café will promote healthy eating and provide free tastes and subsidised options. We will aim to help educate and inform the wider community about the importance of diet, exercise and lifestyle. An information point with a computer fed TV would also reinforce healthy lifestyle options.

By subsidising healthy food and drinks and offering free tastes, the café will encourage our students, staff, parents, visitors to school and community users to experience healthy alternatives to many of the established high fat, high sugar, fizzy options. Over the course of one year we aim to educate and change tastes so that when the subsidies are removed consumers will continue to opt for a generally healthier diet.

The café is open until 6pm four days a week and until 9pm for one day. Changes to these hours will be in line with increased usage of the school.

3.5 What service does the organisation currently provide and how will this be complemented by the project?

Portland School caters for pupils with a range of special needs, after school clubs, which have extensive parental involvement, and community users. Students stay after school to attend a variety of clubs and activities. Currently they bring a packed tea, which often does not contain any healthy options; for convenience and ease parents go for snack food. With the café we will be able to offer a choice of foods and promote hot / healthy options. This will be an extra incentive for students, reassurance for parents and will help staff to know the students have got something reasonable to eat. This will support our aim of extending the clubs offered and double the numbers of students staying back to participate from the current 25 each week to 50.

We have a wide variety of community use each week including: swimming, football, dancing, drama and a slimming club. This involves over 200 users each week, many of whom also are accompanied by a parent. We would target this group to visit the café and to sample healthy options.

3.6 What additional activity will SIB funding allow to happen (please tick the appropriate statement)

(a)	A project will go ahead which otherwise would not happen at all	[]
(b)	A project will be provided to a higher quality / on a greater scale	[✓]
(c)	The funding will accelerate the implementation of the project by 12+ months	[]
(d)	A gap in funding will be filled pending other funding being secured	[]
(e)	Other reason	[]

Please explain your answer:

Without SIB funding, the project will struggle to meet its aims of providing for parents, families, after school users and pupils and meet the extended services agenda of increasing the range of after school provision.

3.7 How will you publicise that you have received support from SIB? (Please refer to Section 3 of the guidance notes)
The school will work with the Area Committee Marketing Project.
3.8 Has there been any consultations concerning the need for this project?
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
If 'Yes' please provide details:
With parents/carers, pupils and community users.
3.9 Is there any documentary evidence available to support the need for this project?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details:
3.10 Who will benefit from the services provided by the project?
Parents/carers, pupils and community users
3.11 Will there be any implications for Council Services arising from this project?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details:
3.12 Does this project require the support or sponsorship of a Sunderland City Council Directorate?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details:
Whilst not requiring the support, the school is being advised by the council's Food in Schools Team/Community Dietician
3.13 Are any legal and other approvals required?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details of type of approval, date secured, or date expected to be secured:

Section 4: Equal Opportunities

4.1 Does your organisation have an Equal Opportunities Policy?
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
If 'Yes' please describe how the project will comply with the Policy:
The project complies with the school's and the Council's policy.
If 'No' please describe how your organisation addresses equal opportunities issues:

4.2 Does your project specifically address any of the following issues?	
Ethnic	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Race Relations Act 1976:	
Gender Issues	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Sex Discrimination Act 1975:	
Disability Issues	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Disability Discrimination Act 1995:	
Part of the project targets the needs of disabled pupils and their parents/carers.	

Section 5: Relationship of Project to the Area Framework(s)

5.1 Identify which Area Regeneration Framework Action Plan Strategic Priorities this project will address through the use of SIB, and demonstrate how these will be achieved:
<p>Improving Health and Social Care</p> <ul style="list-style-type: none"> • Promote sustainable community health; • Investigate extension of mini kitchens and dining facilities at schools; • Improved access to good quality, reasonably priced food. <p>Raising Standards and Improving Access and Participation in Learning</p> <ul style="list-style-type: none"> • Provision of after school activities; • Provision of alternative curriculum and life skills; • Local schools as 'Resource Centres' to extend their role in the local community.
5.2 Identify outputs / outcomes against which the delivery of the project can be evaluated. Demonstrate how these will contribute to the Area Regeneration Framework(s).
<ul style="list-style-type: none"> • Increased opening hours of café, • Increase space available to meet the demand of more users and to provide a facility fit for purpose. • Additional after school activities; • Development of a sustainable project.
5.3 If the project relates to two or more Framework Areas, on what basis have you decided how to share the costs?
N/a

Section 6: Management Arrangements

6.1 Describe how the project will be managed:
The School Management Team, overseen by the Governing Body, will manage the project.
6.2 Are there any significant risks or uncertainties that may affect either the timetable of the project, or whether it achieves its objectives?
No

Section 7: Financial Information

7.1 How much SIB funding is requested?																																													
£12,500																																													
7.2 Indicate the type of funding requested: (please tick)																																													
Capital [] Revenue [] Both [<input checked="" type="checkbox"/>]																																													
7.3 Has funding been requested / allocated from any other sources, including Council Directorates and if so how much?																																													
Yes, £10,000 from the school																																													
7.4 What other funding alternatives have been considered and why were these not appropriate?																																													
No other suitable sources were identified.																																													
7.5 What are the financial implications for the project should it not receive SIB funding?																																													
The project will operate at a much-reduced capacity and will not achieve its aims.																																													
7.6 When SIB expenditure is complete how do you intend to continue this project?																																													
This is a capital project. Future improvements and investment will be funded through café operations.																																													
7.7 Provide a profile of projected costs:																																													
<table border="1"> <thead> <tr> <th>Funding Source</th> <th>2007/08</th> <th>2008/09</th> <th>2009/10</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td colspan="5">SIB:</td> </tr> <tr> <td>Coalfield</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>East</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>North</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>South</td> <td>£12,500</td> <td></td> <td></td> <td>£12,500</td> </tr> <tr> <td>West</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Washington</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Other Sources (please state)</td> </tr> </tbody> </table>	Funding Source	2007/08	2008/09	2009/10	Total Cost	SIB:					Coalfield					East					North					South	£12,500			£12,500	West					Washington					Other Sources (please state)				
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Other Sources (please state)																																													

1)	School	£10,000			£10,000
2)					
Total Cost:		£22,500			£22,500

7.8 Please provide details of any 'in-kind' funding (e.g. Peppercorn rents), if included within the 'Other Sources' of funding shown above.

7.9 Please provide a breakdown of the Total cost to show the main areas of expenditure:

Kitchen expansion / building work	£ 20,000
Finishing, additional sink	£1,700
Healthy Food subsidy	£800
Total:	£22,500

7.10 Please provide details of how you will ensure that the procurement and purchasing of services and equipment will be managed in accordance with requirements as detailed in the guidance notes and guidelines. Include any estimates that you have and details of any contractors or suppliers to be used.

All purchasing will be in line with corporate procurement procedures.

Section 8: Additional Information

8.1 Please provide any additional information that may be of use in support of your project proposal (Please append additional sheets if required):

Section 9: Declaration

I declare that the information provided is correct and accurate and that, should this application be successful, the organisation will agree to the terms and conditions of SIB:

Name:

Martin Wright

Position in Organisation:

Deputy Head

Date:

19 11 07

3. Silksworth Community Centre Safety Works

Project Title:
Silksworth Community Centre Safety Works
SIB Requested:
£20,000

Section 1: Application Requirements

1.1
<p>Please note that this application will be presented to the relevant Area Committee for its consideration when determining your SIB Grant Application. The Agenda and the Minutes of the Area Committee Meeting will be available for inspection by members of the public. Please therefore ensure that your organisation is agreeable to the content of the information that is set out in the form.</p> <p>The Application Form should be provided in either electronic (e-mail or floppy disc) or typed format.</p> <p>If you have a problem with returning this form in either electronic or typed format, please contact the appropriate Area Regeneration Officer. Contact / address details are provided on the covering letter and in the Guidance Notes and Criteria and Project Guidelines.</p> <p>Please note that a representative of your organisation must be available to attend the pre-agenda and main committee meeting(s) to which this application is presented, as they may be required to answer questions. Failure to attend the meeting(s) may result in your application being deferred or rejected.</p> <p>Dates and Venues of future meetings are provided as supporting information.</p>
1.2 Which Area Regeneration Framework(s) does your project cover? (Please tick)
Coalfield [] East [] North [] Washington [] West [] South [✓]

Section 2: Sponsor Details

2.1 Name of Lead Organisation / Group:		
Silksworth Community Association		
2.2 Address of Lead Organisation / Group:		
Blind Lane, Silksworth, Sunderland		
2.3 Contact Name for Project:	2.4 Position in Organisation:	
Pat Burn	Secretary	
2.5 Tel. Number:	2.6 Fax Number:	2.7 E-mail Address:
521 2399		Pat.burn@sunderlandcommunitynetwork.org
2.8 Day to Day Contact Name / Details: (if different to 2.3 above)		

2.9 Legal Status of Organisation:	2.10 Registered Charity Number (if applicable):
Community Association	
2.11 Does your organisation have a bank account into which funds can be paid?	
Yes	
2.12 Has the organisation received SIB support previously?	
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
If 'Yes' please provide details:	
2003/4: £38,710 2004/5: £22,000 2005/6: £24,320 Staffing and development costs.	
2.13 Are any trustees / members of the organisation employed by or are Elected Members of the City Council?	
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
If 'Yes' please provide details:	
Cllr Peter Gibson is Chair of the Management Committee	

Section 3: Project Details

3.1 Project Title: (please re-state title as per front sheet)	
Silksworth Community Centre Safety Works	
3.2 Project Start Date:	3.3 Project End Date:
February 2008	August 2008
3.4 Please Describe the project:	
<p>The project is to carry out a programme of minor capital works to ensure the community centre is fit for purpose and is safe and secure for its users and will enable the expansion of existing activities and the development of new programmes.</p> <p>These works will ensure a safe environment whilst proposals for the longer-term future are finalised.</p> <p>The works are:</p> <ul style="list-style-type: none"> • Electrical works; • Replacement of damaged ceiling; • Installation of storage areas; • New internal doors; • Improvements to heating system; • Painting/decorating; • Improvements to floor areas. 	

3.5 What service does the organisation currently provide and how will this be complemented by the project?

The Community Centre has a busy programme of learning, leisure, cultural and health related activities. These include:

- Youth Club;
- Junior Club;
- Toddler Group;
- Men's Club;
- Women's Institute;
- Various Sport and Fitness Groups;
- Various Dance Groups;
- Heritage Group;
- Art Group;
- Camera Club.

In addition, the Community Association works actively with partners, such as the schools and Children's Centre, in Silksworth and throughout the South Area as a leading member of the South Forum. The Association is also involved in the citywide community networks.

3.6 What additional activity will SIB funding allow to happen (please tick the appropriate statement)

(a)	A project will go ahead which otherwise would not happen at all	<input checked="" type="checkbox"/>
(b)	A project will be provided to a higher quality / on a greater scale	<input type="checkbox"/>
(c)	The funding will accelerate the implementation of the project by 12+ months	<input type="checkbox"/>
(d)	A gap in funding will be filled pending other funding being secured	<input type="checkbox"/>
(e)	Other reason	<input type="checkbox"/>

Please explain your answer:

The project is to carry out a series of minor capital works to ensure a safe and healthy environment for existing and new users.
Without SIB funding, the community centre will further deteriorate and activities will be curtailed and new developments and activities may need to be curtailed.

3.7 How will you publicise that you have received support from SIB?
(Please refer to Section 3 of the guidance notes)

The Community Association will work with the Area Committee Marketing Project.

3.8 Has there been any consultations concerning the need for this project?

Yes No

If 'Yes' please provide details:

Consultations have taken place with users and local councillors.

3.9 Is there any documentary evidence available to support the need for this project?

Yes No

If 'Yes' please provide details:

There are a number of reports regarding the condition of the building.

3.10 Who will benefit from the services provided by the project?

Existing and new users.
3.11 Will there be any implications for Council Services arising from this project?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details:
3.12 Does this project require the support or sponsorship of a Sunderland City Council Directorate?
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
If 'Yes' please provide details:
The building is owned by the Council, Property Services
3.13 Are any legal and other approvals required?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details of type of approval, date secured, or date expected to be secured:

Section 4: Equal Opportunities

4.1 Does your organisation have an Equal Opportunities Policy?	
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
If 'Yes' please describe how the project will comply with the Policy:	
By creating a safe and healthy environment.	
If 'No' please describe how your organisation addresses equal opportunities issues:	
4.2 Does your project specifically address any of the following issues?	
<u>Ethnic Issues</u>	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Race Relations Act 1976:	
<u>Gender Issues</u>	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Sex Discrimination Act 1975:	
<u>Disability Issues</u>	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Disability Discrimination Act 1995:	

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Section 5: Relationship of Project to the Area Framework(s)

5.1 Identify which Area Regeneration Framework Action Plan Strategic Priorities this project will address through the use of SIB, and demonstrate how these will be achieved:

Development of leisure and cultural facilities;
 Encourage local people and groups to participate in local cultural services and provision;
 Encourage improved lifestyles to achieve improved health;
 Diversionsary activities for young people;
 Development of informal education;
 Delivery of training and education at local venues;
 Strengthen and support the community and voluntary infrastructure and existing groups and organisations.

5.2 Identify outputs / outcomes against which the delivery of the project can be evaluated. Demonstrate how these will contribute to the Area Regeneration Framework(s).

The output will be an improved facility.
 The outcomes will be improved partnerships and services contributing to the achievement of the ARF

5.3 If the project relates to two or more Framework Areas, on what basis have you decided how to share the costs?

N/A

Section 6: Management Arrangements

6.1 Describe how the project will be managed:

The Management Committee will manage the project.

6.2 Are there any significant risks or uncertainties that may affect either the timetable of the project, or whether it achieves its objectives?

No

Section 7: Financial Information

7.1 How much SIB funding is requested?

--

7.2 Indicate the type of funding requested: (please tick)

Capital [] Revenue [] Both []

7.3 Has funding been requested / allocated from any other sources, including Council Directorates and if so how much?

--

No				
7.4 What other funding alternatives have been considered and why were these not appropriate?				
Other potential, funders such as CRT, have few funds until the next financial year.				
7.5 What are the financial implications for the project should it not receive SIB funding?				
The project will not go ahead.				
7.6 When SIB expenditure is complete how do you intend to continue this project?				
This is a one-off project. The Community Association is working with local partners to develop local area based projects and initiatives and this will be the basis for further funding bids to external agencies.				
7.7 Provide a profile of projected costs:				
Funding Source	2007/08	2008/09	2009/10	Total Cost
SIB:				
Coalfield				
East				
North				
South	£20,000			£20,000
West				
Washington				
Other Sources (please state)				
1)				
2)				
3)				
Total Cost:	£20,000			£20,000
7.8 Please provide details of any 'in-kind' funding (e.g. Peppercorn rents), if included within the 'Other Sources' of funding shown above.				
7.9 Please provide a breakdown of the Total cost to show the main areas of expenditure:				
<p style="text-align: center;"> Electrical works: £6,000 Replacement of damaged ceiling: £2,500 Installation of storage areas: £1,000 New internal doors: £500 Improvements to heating system: £3,000 Painting/decorating: £3,500 Floor improvements: £3,500 Total: £20,000 </p>				

7.10 Please provide details of how you will ensure that the procurement and purchasing of services and equipment will be managed in accordance with requirements as detailed in the guidance notes and guidelines. Include any estimates that you have and details of any contractors or suppliers to be used.

All works will be sourced in accordance with City Council procurement procedures.

Section 8: Additional Information

8.1 Please provide any additional information that may be of use in support of your project proposal (Please append additional sheets if required):

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Section 9: Declaration

I declare that the information provided is correct and accurate and that, should this application be successful, the organisation will agree to the terms and conditions of SIB:

Name:

Pat Burn

Position in Organisation:

Secretary

Date:

5 November 2007

4. Silkworth Churchside Allotments Environmental Improvements

Project Title:
ENVIRONMENTAL IMPROVEMENTS – SILKSWORTH CHURCHSIDE ALLOTMENTS, SILKSWORTH
SIB Requested:
£3,176

Section 1: Application Requirements

1.1						
<p>Please note that this application will be presented to the relevant Area Committee for its consideration when determining your SIB Grant Application. The Agenda and the Minutes of the Area Committee Meeting will be available for inspection by members of the public. Please therefore ensure that your organisation is agreeable to the content of the information that is set out in the form.</p> <p>The Application Form should be provided in either electronic (e-mail or floppy disc) or typed format.</p> <p>If you have a problem with returning this form in either electronic or typed format, please contact the appropriate Area Regeneration Officer. Contact / address details are provided on the covering letter and in the Guidance Notes and Criteria and Project Guidelines.</p> <p>Please note that a representative of your organisation must be available to attend the pre-agenda and main committee meeting(s) to which this application is presented, as they may be required to answer questions. Failure to attend the meeting(s) may result in your application being deferred or rejected.</p> <p>Dates and Venues of future meetings are provided as supporting information.</p>						
1.2 Which Area Regeneration Framework(s) does your project cover? (please tick)						
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;">Coalfield</td> <td style="text-align: center; width: 15%;">East</td> <td style="text-align: center; width: 15%;">North</td> <td style="text-align: center; width: 15%;">Washington</td> <td style="text-align: center; width: 15%;">West</td> <td style="text-align: center; width: 15%;">South [✓]</td> </tr> </table>	Coalfield	East	North	Washington	West	South [✓]
Coalfield	East	North	Washington	West	South [✓]	

Section 2: Sponsor Details

2.1 Name of Lead Organisation / Group:	
SILKSWORTH CHURCHSIDE ALLOTMENT ASSOCIATION	
2.2 Address of Lead Organisation / Group:	
1 MACLYNN CLOSE, EAST MOORSIDE, SUNDERLAND SR3 2SY	
2.3 Contact Name for Project:	2.4 Position in Organisation:

MR RALPH WILKINSON		SECRETARY
2.5 Tel. Number:	2.6 Fax Number:	2.7 E-mail Address:
0191 5201858		
2.8 Day to Day Contact Name / Details: (if different to 2.3 above)		
2.9 Legal Status of Organisation:	2.10 Registered Charity Number (if applicable):	
ALLOTMENT ASSOCIATION	N/A	
2.11 Does your organisation have a bank account into which funds can be paid?		
YES		
2.12 Has the organisation received SIB support previously?		
Yes [] No [<input checked="" type="checkbox"/>]		
If 'Yes' please provide details:		
2.13 Are any trustees / members of the organisation employed by or are Elected Members of the City Council?		
Yes [] No [<input checked="" type="checkbox"/>]		
If 'Yes' please provide details:		

Section 3: Project Details

3.1 Project Title: (please re-state title as per front sheet)	
ENVIRONMENTAL IMPROVEMENTS TO SILKSWORTH CHURCHSIDE ALLOTMENTS	
3.2 Project Start Date:	3.3 Project End Date:
APRIL 2008	JULY 2008
3.4 Please Describe the project:	
TO IMPROVE 999 SQ. METRES OF ROADWAY AND FOOTPATHS TO PROVIDE BETTER ACCESS FOR ALLOTMENT USERS. THIS WILL IMPROVE ACCESS FOR DISABLED USERS, PEOPLE WITH WHEELCHAIRS AND MOTORISED WHEELCHAIRS.	
3.5 What service does the organisation currently provide and how will this be complemented by the project?	
WE SELF ADMINISTER SILKSWORTH CHURCHSIDE ALLOTMENT SITE ON BEHALF OF SUNDERLAND CITY COUNCIL AND DEAL WITH THE	

DAY TO DAY ADMINISTRATION, ALLOCATION OF ALLOTMENTS. THIS PROPOSED WORK WILL IMPROVE SITE FACILITIES FOR ALL ALLOTMENT USERS, GIVING IMPROVED ACCESS TO INDIVIDUAL ALLOTMENT GARDENS

3.6 What additional activity will SIB funding allow to happen (please tick the appropriate statement)

(a)	A project will go ahead which otherwise would not happen at all	<input checked="" type="checkbox"/>
(b)	A project will be provided to a higher quality / on a greater scale	<input type="checkbox"/>
(c)	The funding will accelerate the implementation of the project by 12+ months	<input type="checkbox"/>
(d)	A gap in funding will be filled pending other funding being secured	<input type="checkbox"/>
(e)	Other reason	<input type="checkbox"/>

Please explain your answer:

WITHOUT SIB FUNDING THIS PROJECT WOULD NOT GO AHEAD, AS FINANCE IN THE PARKS REVENUE BUDGET IS INSUFFICIENT TO COMPLETE THE WHOLE OF THE IMPROVEMENT WORKS

3.7 How will you publicise that you have received support from SIB? (Please refer to Section 3 of the guidance notes)

WE WILL ARRANGE A PRESS RELEASE WITH THE SUNDERLAND ECHO AND A SIGN WILL BE ERECTED AT THE ENTRANCE TO THE SITE STATING THAT THE PROJECT HAS BEEN SIB FUNDED. WE WILL ALSO WORK WITH THE AREA COMMITTEE MARKETING PROJECT.

3.8 Has there been any consultations concerning the need for this project?

Yes No

If 'Yes' please provide details:

THE POOR CONDITION OF FOOTPATHS HAS BEEN DISCUSSED AT ALLOTMENT SOCIETY COMMITTEE MEETINGS WHICH HAS RESULTED IN THE SOCIETY MAKING THIS APPLICATION

3.9 Is there any documentary evidence available to support the need for this project?

Yes No

If 'Yes' please provide details:

HAS BEEN DISCUSSED AT COMMITTEE MEETINGS AND IS RECORDED IN COMMITTEE MINUTES

3.10 Who will benefit from the services provided by the project?

ALL MEMBERS OF THE SILKSWORTH CHURCHSIDE ALLOTMENT ASSOCIATION AND VISITORS TO THE SITE

3.11 Will there be any implications for Council Services arising from this project?

Yes No

If 'Yes' please provide details:
3.12 Does this project require the support or sponsorship of a Sunderland City Council Directorate?
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
If 'Yes' please provide details:
COMMUNITY AND CULTURAL SERVICES DIRECTORATE SUPPORT THE PROPOSALS OF THE ALLOTMENT ASSOCIATION.
3.13 Are any legal and other approvals required?
Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
If 'Yes' please provide details of type of approval, date secured, or date expected to be secured:

Section 4: Equal Opportunities

4.1 Does your organisation have an Equal Opportunities Policy?	
Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]	
If 'Yes' please describe how the project will comply with the Policy:	
THE ALLOTMENT SITE IS OPERATED UNDER THE SUNDERLAND CITY COUNCIL EQUAL OPPORTUNITIES POLICY AND IS OPEN TO ACCESS AND USE BY ALL MEMBERS OF THE SITE AND THE LOCAL COMMUNITY	
If 'No' please describe how your organisation addresses equal opportunities issues:	
4.2 Does your project specifically address any of the following issues?	
Ethnic Issues	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Race Relations Act 1976:	
Gender Issues	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Sex Discrimination Act 1975:	
Disability Issues	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] (please tick)
If 'Yes' please provide details as to how the project is in line with the Disability Discrimination Act 1995:	
TO PROVIDE GOOD ACCESS FOR DISABLED GARDENERS AS WELL AS OTHER ALLOTMENT HOLDERS	

Section 5: Relationship of Project to the Area Framework(s)

5.1 Identify which Area Regeneration Framework Action Plan Strategic Priorities this project will address through the use of SIB, and demonstrate how these will be achieved:

MAINTENANCE OF LANDSCAPE AREAS AND MANAGEMENT OF OPEN SPACES
ENCOURAGE PARTICIPATION IN HEALTH RELATED ACTIVITIES, IMPROVED ACCESS FOR PEOPLE WITH DISABILITIES.

5.2 Identify outputs / outcomes against which the delivery of the project can be evaluated. Demonstrate how these will contribute to the Area Regeneration Framework(s).

IMPROVED ACCESS TO A COMMUNITY FACILITY
ENVIRONMENTAL IMPROVEMENTS TO COMMUNITY FACILITIES
SUCCESSFUL INSTALLATION OF NEW ROADWAY AND FOOTPATHS

5.3 If the project relates to two or more Framework Areas, on what basis have you decided how to share the costs?

N/A

Section 6: Management Arrangements

6.1 Describe how the project will be managed:

ENVIRONMENTAL SERVICES ALLOTMENTS CO-ORDINATOR WILL MANAGE THE PROJECT

6.2 Are there any significant risks or uncertainties that may affect either the timetable of the project, or whether it achieves its objectives?

THE START OF THE PROJECT MAY BE DELAYED DUE TO BAD WEATHER

Section 7: Financial Information

7.1 How much SIB funding is requested?

£3,176

7.2 Indicate the type of funding requested: (please tick)

Capital [] Revenue [] Both []

7.3 Has funding been requested / allocated from any other sources, including Council Directorates and if so how much?

NO

7.4 What other funding alternates have been considered and why were these not appropriate?

NONE AVAILABLE TO OUR KNOWLEDGE

7.5 What are the financial implications for the project should it not receive SIB funding?

THE PROJECT WOULD NOT BE COMPLETED THIS YEAR

7.6 When SIB expenditure is complete how do you intend to continue this project?

THE PROJECT WILL BE COMPLETE AND THE SITE WILL HAVE GOOD ACCESS

7.7 Provide a profile of projected costs:

Funding Source	2007/08	2008/09	2009/10	Total Cost
SIB:				
Coalfield				
East				
North				
South	£3,176			£3,176
West				
Washington				
Other Sources (Please State):				
1)	C&CS	£1,000		£1,000
2)				
3)				
Total Cost:	£4,176			£4,176

7.8 Please provide details of any 'in-kind' funding (e.g. Peppercorn rents), if included within the 'Other Sources' of funding shown above.

N/A

7.9 Please provide a breakdown of the Total cost to show the main areas of expenditure:

TO SCRAPE OFF VEGETATION AND COMPACT EXISTING SURFACE, SUPPLY AND LAY 70MM OF ROAD PLANINGS OVER 999 SQUARE METRES

Section 8: Additional Information

8.1 Please provide any additional information that may be of use in support of your project proposal (Please append additional sheets if required):

N/A

Section 9: Declaration

I declare that the information provided is correct and accurate and that, should this application be successful, the organisation will agree to the terms and conditions of SIB:

Name:

MR R WILKINSON

Position in Organisation:

SECRETARY

Date:

13 NOVEMBER 2007