**Application Form**

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| **Thank you for your interest in the Sheffield City Region (SCR) Skills Bank Provider Capacity Development Fund. You can find more details about the fund and some useful information to consider when completing this form in the accompanying Guidance. This version of the document contains some guidance notes (in blue text) – please overtype the blue text with your responses.** **The Full Application form must be returned to** skillsbanksubmissions@sheffieldcityregion.org.uk **by 5pm Thursday 19th December 2019** |
| **1 - PROJECT DETAILS** |
| **1.1 - PROJECT INFORMATION** |
| Project Applicant: |  |
| Please confirm the delivery location:(Address and Post Code)*Applicants must have a delivery location within SCR*  |  |
| Size of organisation*Are you an SME? Please state whether Large/Medium/Small/Micro* |  | Status of Organisation *Please state whether Public/Private/Education* |  |
| Please confirm that employees included in this application are employed and based within this region |

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| Yes | No |
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| **1.2 - APPLICANTS INFORMATION** |
| Contact Name and Role: |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| **1.3 - FINANCIAL SUMMARY** |
| A-Total Project Cost: |  |
| B-Applicant contribution: |  |
| D Total SCR Funding Sought (£): |  | SCR as % of Total Scheme Investment: |  |

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| **2 - Please provide a summary description of your training requirement (approx. 150 words)** |
| *Please include the nature of the training, number of learners, training start date and delivery mechanism:* |
| **3 - Please explain why this learning is needed?**  ***How will this learning meet the training needs of Employers?***  ***What is the demand justification for SCR investment in this project?*** ***Detail the evidence that you have to confirm the need/demand for this project*** **How *will this learning support growth in your business? (approx. 500 words*)** |
| *Please ensure you outline and evidence current and potential future employer need and your anticipated take up of the revised training offer. Include detail on why the project is needed, specifically the employer demand, please support your answer with relevant evidence e.g. how many enquiries have you had asking for delivery of these courses/level of over demand/ employers’ requests turned down due to non-delivery etc*  |
| **4 - Tell us what this proposed project will achieve that would otherwise have not been possible and why this cannot be funded by other sources/means.** ***Tell us about the new skills your staff will acquire, what new training you will deliver (with anticipated volumes).*** ***How will Employers/sectors benefit.***  ***Are there any potential conflicts with national policy relating to post-16 learning? (approx. 500 words*)** |
| *Outline how both learners and your own organisation will benefit from this training, what new skills/increased knowledge will the learners achieve and what new training will you develop/deliver. What will be the overall impact of this training, i.e. once local employers are trained what will it mean for them (increased skills/business/turnover etc)* |

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| **5 Detail the outputs, outcomes and benefits that this project will deliver in total (add in additional lines if required). Include your learning objectives in SMART terms (Specific, Measurable, Achievable, Realistic, Timescales)?** |
| **Deliverable** | **Total for Project****(All years)** | **19/20** | **20/21** |
| *[The headings below have been given as an example, please delete or add as appropriate]* |
| ***Direct Outputs*** |  |  |  |
| *Number of staff trained* |  |  |  |
| *Number of New skills/knowledge/qualifications acquired* |  |  |  |
| *Number of New training courses developed* |  |  |  |
| *Number of additional products added to portfolio* |  |  |  |
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| **6 – COSTS** |
| ***Please provide a breakdown of Total Cost and SCR Funding requirement (add more lines if necessary)*** |
| **Cost**  | **£ Total** | **£ SCR** |
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|  |  |  |
| **Total** | **£** | **£** |
| **SCR intervention rate** |  |

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| **7 - Key Milestones** | **Any Dependencies** | **Date** |
| *[Please add or delete rows as appropriate to show key project milestones]* |
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| **8 - RISK MANAGEMENT** |
| Key Risks and Mitigations - What are the top three key risks that are likely to affect this project and what measures are planned to mitigate these risks? |
| **Risk** | **Mitigation** | **Owner** |
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| **9 -STATE AID** |
| This scheme is operated under the European Union General Block Exemption Regulations (GBER); Article 31 for Training Aid as set out in Commission Regulation EU No. 651 / 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty.Support **cannot** be granted to any of the industries referred to in Article 1 and Article 13 of the above regulations.As an applicant organisation you need to be satisfied that you comply with the requirements of the provision set out in Article 31 of GBER and the Common Provisions referred to in Chapter 1 of GBER, as your organisation will take responsibility for compliance with State Aid regulations, as set out above, on receipt of this funding under the terms of the grant agreement. |
| Please confirm that you are satisfied that you comply with the State Aid requirements in relation to this project:

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| Yes | No |
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**Document Sign Off**

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| This document constitutes the Full Application Form for a project with SCR. The document has four key purposes:• Fully define what is being delivered, when and how.• To provide the information required to enable the SCR Executive to make evidence based decisions.• Ensure the identified outputs, outcomes, benefits and milestones targets can be managed and met.• Act as the basis for contracting, progress and performance management.The Document must be signed off by each of the required signatories prior to submission.*On signing this Application Form the applicant agrees to the following:*1. *The Sheffield City Region (SCR) Barnsley Doncaster Rotherham Sheffield Combined Authority (SCR MCA) is a public body and is therefore subject to information/transparency laws and the Local Government Transparency Code 2015. This Application Form will be shared with the appropriate SCR Boards including the SCR MCA and Local Enterprise Partnership (LEP). In line with legislation, papers to the SCR MCA and LEP meetings are published in advance and made publicly available. These papers will detail the applicant and summarise the application in sufficient detail to allow the members to take an informed decision. At this point, under Local Government access to information provisions, the application form may have to be made available for inspection to any member of the public who requests it.*

*For this purpose, you may wish to also send a redacted copy stating any exemption or exception applied under FOI or Environmental Information Regulations. We will consider any requested redaction.*1. *Funding support is not agreed unless and until a Grant Funding Agreement has been executed by both parties and that acceptance of this application by the SCR does not in any way signify that funding approval is guaranteed.*
2. *To the best of your knowledge, all the information that has been provided in this proposal is true and correct. You acknowledge that the information provided will inform any future contract, should a decision be made to support the scheme.*

*You will comply with due diligence requirements appropriate to this scheme. This will be conducted by the SCR Executive Team and further details will be provided if the scheme is approved.* |
| **SIGNATURE 1: PROJECT APPLICANT’S SENIOR RESPONSIBLE OFFICER / PROJECT SPONSOR** |
| Signature: |  |
| Print Name: |  |
| Date: |  |
| **SIGNATURE 2: PROJECT APPLICANT’S HEAD OF FINANCE / SECTION 151 OFFICER** |
| Signature: |  |
| Print Name: |  |
| Date: |  |