

Swansea Bay Fisheries Local Action Group

2014-2020

'Full Application'



Before completing this form, please ensure you have read the Swansea Bay Fisheries Local Action Group Strategy (LDS) which should be read in conjunction with this application.

1. APPLICANT DETAILS	
Name of Applicant	
Date of Application	

2. APPLICANT CONTACT DETAILS	
Contact Details	Applicant (Primary) Contact
	Email:
	Address:
	Telephone No.
	Secondary Contact
	Name:
	Email:
	Address:
	Telephone No.

3. PROJECT TITLE

4. PROJECT TIMESCALES

Dates	Task /Activity taking place
Start Date:	
Finish Date:	

5. PROJECT DESCRIPTION (brief overview of the project - up to 500 words)

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6. PROJECT MANAGEMENT

Please answer the questions below regarding project management skills and experience.

6.1 Please confirm applicant's skills and experience of project management and delivery in this area together with capability and resources to be able to undertake the project.

6.2 What governance arrangements are in place (include key people involved in the project, skills, responsibilities and reporting structure). The applicant will be fully responsible for the project management with skills and experience necessary to deliver.

6.3 Project Timelines – Develop a high level plan of the project activities from start (including planning phase) to completion, including/highlighting any key milestones.

6.5 Provide complete Appendix 1 with a list of your key stakeholders (considering what interest and level of influence they may have) and how they are going to be communicated to (when, what, who, how).

6.6 Any risks/issues that the project currently faces and may face throughout the project and beyond project completion. Also provide any mitigating measures to overcome them. Please complete Appendix 2.

6.7 Please provide details of any draft tender specifications for any elements of the project that will be sub-contracted (if any).

6.8 Please provide details of any procurement arrangements.

6.9 Please provide any other information you feel would support your application?

7. PLEASE CONFIRM ANY GROUPS OR BENEFICIARIES THE PROJECT WILL SUPPORT (IF ANY)

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8. PLEASE PROVIDE A LIST OF OUTCOMES TO BE DELIVERED BY THIS PROJECT

9. PLEASE CONFIRM WHICH OF THE SBFLAG'S OBJECTIVES FIT WITH THIS PROJECT

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10. SUMMARY OF PROJECT COSTS

Total Project Cost	£
Total SBFLAG Funding Requested	£
Grant Rate Requested %	%

11. SUMMARY OF PROJECT COSTS			
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Cost heading	2018/19	2019/20	Total
Eligible Costs			
Total Eligible Costs			

Cost heading	2018/19	2019/20	Total
Ineligible Costs			
Total Ineligible Costs			

Total Costs			
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12. PROJECT COSTS BREAKDOWN		
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Provide a breakdown of how cost headings were calculated		
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Cost Heading	Total Value (£)	How you calculated the figure

13. PROJECT OWNERSHIP	
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13a. Will the project and any assets be owned by any other organisation other than the applicant?	YES (please confirm) NO
Assets owned by?	

14. LEASING ARRANGEMENTS

Please confirm any leasing arrangements that are part of this project.
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15. CERTIFICATE

I certify to the best of my knowledge and belief that entries and details on this application form, its appendices and any supporting documentation are correct and the application for funding is for the minimum required to enable the project to proceed.

I also confirm that I am not aware of any reason why the project may not proceed and the commitments and activities can be achieved within the timescales.

I AGREE (please confirm by placing X in the box)

PLEASE EMAIL YOUR COMPLETED APPLICATION TO

Amanda.jones@Swansea.gov.uk

OR POST

**EUROPEAN AND EXTERNAL FUNDING TEAM
ROOM Zone 2A, CIVIC CENTRE
OYSTERMOUTH ROAD, SWANSEA, SA1 3SN**

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STAKEHOLDER & COMMUNICATIONS PLAN

Key Stakeholders	Level of Influence H/M/L	Method of Communication	Frequency	Who

Risk and Issue Tracker

Risk or Issue	Likelihood H/M/L	Impact H/M/L	Solution	Who will lead

