

Please return completed form to: <a href="mailto:CIL@west-norfolk.gov.uk">CIL@west-norfolk.gov.uk</a>

# **Community Infrastructure Levy (CIL)**

# PROJECT EXPRESSION OF INTEREST AND APPLICATION FOR FUNDING FORM

### **SECTION 1: FOR COMPLETION BY THE PROJECT APPLICANT**

1) Contact Details	
Name:	
Organisation:	
Phone number:	
E-mail address:	
2) Criteria	
from which	bes the project address the specific impacts of the new developments in the funding has been generated? (You may consider this on a Parish cality basis or a Ward basis.)
	pes the project provide links to the locality of the area where ent has taken place? (for example if your project has a Parish wide

<ul> <li>2.3 What evidence can you provide which shows how the community have been listened to and support this project?</li> </ul>				
0.4 Daga tha mada	at all and that it aith an			
<ul> <li>Supports the deve improvement, repl or</li> </ul>	ct show that it either: lopment of the relevant area by funding the provision, acement, operation or maintenance of infrastructure is concerned with addressing the demands that development .			
Yes □ No □				
3) Project Contact Details:				
Contact details for the				
project (if different to				
person completing the				
form)				
Project Name				
Project Location				
Parish which will benefit from this				
project				
4) Project Details:				
4.1 Description of your p	roject (maximum 300 words)			
4.2 Reasons for supporting this project (maximum 300 words)				

5.1 Total Cost of Project:  5.2 Amount sought from the CIL Fund:  5.3 Benefit (Money identified from other sources)  6) Bank Details (for successful projects)  6.1 Details of the Bank Account into which the funds from the Neighbourhood Portion of CiL should be paid:  Bank name:  Sort code:  Account name:	4.3 Is this a new project or does this project link into an existing project?										
4.6 If planning permission is required for this project has it been granted?  5.1 Total Cost of Project:  5.2 Amount sought from the CIL Fund:  5.3 Benefit (Money identified from other sources)  6.1 Details (for successful projects)  6.1 Details of the Bank Account into which the funds from the Neighbourhood Portion of CiL should be paid:  Bank name:  Sort code:  Account number:											
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5) Funding:  5.1 Total Cost of Project:  5.2 Amount sought from the CIL Fund:  5.3 Benefit (Money identified from other sources)  6) Bank Details (for successful projects)  6.1 Details of the Bank Account into which the funds from the Neighbourhood Portion of CiL should be paid:  Bank name:  Sort code:  Account name:	4.4 Target Sta	rt Date						Date			
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name: number:	Bank name:					,	Sort code	e:			
6.2 If the project is being delivered internally, internal code is required below:											
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# **SECTION 2: FOR COMPLETION BY CIL OFFICER**

F	Project Form Validation Decision (Officer decision)							
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	CTION 3: FOR COMPLETION BY CIL SPENDING PANEL							
F	Project Expression of Interest Recommendations (Working Group decision)							
βE	CTION 4: FOR COMPLETION BY SUPPORTING COUNCIL SERVICE AREAS							
F	Recommendations received on project delivery (Officer decision)							
BE	SECTION 6: OUTCOME OF THE COUNCIL CABINET DECISION							
ŀ	Recommendation (Cabinet decision)							
BE	CTION 7: PROCESS LOG							
	Process start date Date agreement							
	FIOCESS Start date   Date agreement							

	Process start date	Date agreement reached
Expression of interest and		
Officer Validation		
Spending Panel		
recommendations		
Service Area		
recommendations		
<b>Submission to Council Cabinet</b>		
for agreement		
Payment of Funds		