## Planning Obligation (Section 106) Expression of Interest Form



This document can be made available in other formats, such as large print or in braille. To discuss your requirements please telephone: 01823 219438 or email h.phillips@tauntondeane.gov.uk.

Please discuss your project proposal with your parish/town council, before submitting this form to WSC as their views will be an important consideration. Contact details of your local parish/town council can be found on our website¹ or be provided by Helen Phillips: <a href="https://h.phillips@tauntondeane.gov.uk">h.phillips@tauntondeane.gov.uk</a>. We strongly recommend that the accompanying Guidance Notes are read before completing this form. Please note that the Council will contact local District Councillors upon receipt of an Expression of Interest Form.

FOR OFFICE USE ONLY Date received:		POG decision date: Approved to submit full application: Yes	es 🗌 N	lo 🗌				
SECTION A: Applicant's Details								
A1.1	Organisation Name:							
A1.2	Address:							
	Postcode:							
A1.3	Telephone Number:							
A1.4	E-mail Address:							
A1.5	Contact Name:							
A1.6	Position in organisation:							
A2	A2 What type of organisation are you?							
A2.1	Parish/Town Council		Yes 🗌	No 🗌				
A2.2	Formally constituted Club		Yes 🗌	No 🗌				
A2.3	Registered Charity	Charity No:	Yes 🗌	No 🗌				
A2.4	Other	Please specify						
АЗ	Does your organisation have	re a constitution/set of rules/ memorandum and articles?	Yes 🗌	No 🗌				
A4 How many people currently use your organisation?								
A5 Are there any restrictions on the use of your organisation's facilities?  Yes No								
If yes, please state: (e.g. users groups, opening times)								
SECTION B: Details of Proposed Project								
B1	Project Name:							
B2	Please explain the project and what the funding is required for:							

Revised: March 2018

 $<sup>^{1} \</sup> By \ visiting: \ \underline{http://www.westsomersetonline.gov.uk/getattachment/Council---Democracy/Parish-and-Town-Councils/List-of-Parish-Clerks.pdf.aspx}$ 

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ВЗ	Location o	cation of the proposed project										
B4	Please indicate the approxima project?		nate dates of the	Start date:	/	/						
				Completion date:	/	/						
SECTION C: Project Costs												
If your organisation is able to recover VAT, please complete C1, below. If your organisation is unable to recover VAT, please complete C2, below.												
C1.1	C1.1 How much funding is being applied for from West Somerset Council?						(excluding VAT)					
C1.2	. What is t		£	(excluding VAT)								
C2.1	How muc		£	(including VAT)								
C2.1	C2.1 What is the total cost of the scheme/project?						(including VAT)					
SECTION D: Declaration												
I confirm that I have read and understood the guidance notes and I am authorised to sign on behalf of the applicant:												
Signed:			Date:		/	/						
	Print Nam	е		,	1							
Position in organisation:												
SECTION E: Next step												
Please return the completed Expression of Interest form to <sup>2</sup> :												
Gail Sloman												

Admin Support Officer

West Somerset Council, West Somerset House, Killick Way, Williton, TA4 4QA

Tel: 01823 219440 Email: community@westsomerset.gov.uk

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<sup>&</sup>lt;sup>2</sup> We will confirm receipt of your application via email, if you have not heard within 10 working days, please contact us to ensure we have received you Expression of Interest form.