

# Community Award Application Form

*North  
Wiltshire  
District  
Council*

Please ensure that you have read all the Funding Criteria and Additional Guidance Notes before completing this form  
**PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED**

1 - Your Organisation or Group	
<b>Name of Organisation</b>	Lacock Evergreens
<b>Contact Name</b>	
<b>Contact Address</b>	
<b>Contact number</b>	
<b>Organisation Type</b>	Non profit organisation <input checked="" type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/>
2 – Your Project	
<b>In which Community Area does your project take place?</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/>
<b>In which Parish does your project take place?</b>	Lacock
<b>What is your project?</b>	To provide regular Bingo Sessions at meetings. Small charge to be made, all to be used as prizes
<b>Where will your project take place?</b>	Lacock
<b>When will your project take place?</b>	As soon as equipment is available.
<b>Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>Please confirm that your project will be completed by 31<sup>st</sup> March 2009</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>What is the Community benefit of your project, and approximately how many people will benefit?</b> <small>(IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES))</small> This will enable us to provide an additional new activity for our members who are all over 55 years old. Bingo is enjoyable and mentally stimulating. Will hopefully increase membership to our already thriving club. Current membership 35. Our club was initially set up to provide social opportunities for older people in the parish, especially benefitting those living alone, frail or disabled and with limited or no access to transport. When funds allow, as at the beginning of our second financial year, we are able to offer discounted coach trips.	
<b>NWDC will not meet future running costs for projects. Please tell us how these will be met in the future</b> No additional costs, meetings are funded by members fees.	
<b>Has your organisation received a previous award from this Council?</b>	<input checked="" type="checkbox"/> Yes (please provide details below) <input type="checkbox"/> No
<b>Date of amount and previous award</b>	March 2007 <span style="float: right;">£309</span>
<b>Details of award(s)</b>	Games equipment for meetings.

**3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures**

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At present there are limited opportunities and venues for bingo sessions, previously held at Lacock Working Mens Club, (now closed). Currently only a small room in a pub, adequate for approx 15 people, is provided at the discretion of the landlord when not busy. Only evenings which excludes many of our members.

**4 - Financial Information**

PROJECT COSTS Please provide a full breakdown e.g equipment, installation etc.		PROJECT INCOME Please list all sources of funding for this project, as provisional (P) or confirmed (C)		
			P/C	
Electronic Bingo Calling machine	£199			£
bingo books	£60			£
clipboards	£42			£
dabbers/pens	£30			£
	£			£
	£			£
	£			£
<b>TOTAL PROJECT EXPENDITURE</b>	<b>£331</b>	<b>TOTAL PROJECT INCOME</b>		<b>£0</b>

<b>Total Project Income</b>	£0
<b>Total Project Expenditure</b>	£331
<b>Project Shortfall</b>	£331
<b>Award sought from NWDC</b>	£331
<b>Is your organisation able to claim VAT?</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED**

Please tick this box to indicate that you have included a signed off summary of examined accounts, confirming your year end accounts, assets and reserves.

**SECTION 5 – Declaration (on behalf of organisation or group) – I confirm that.....**

- the information on this form is correct, that any award received will be spent on the activities specified, that I will complete a monitoring form (if requested) following completion of the project.
- If an award is received that I will complete and return an evaluation sheet
- That any other form of licence or approval for this project has been received prior to submission of this application
- That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application.  Child Protection  Public Liability Insurance  
 Equal Opportunities  Access Audit  
 Planning permission applied for (date) or granted (date)
- That acknowledgement will be given of NWDC support in any publicity or printed material.
- I give permission for press and media coverage by NWDC in relation to this project.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position in organisation: \_\_\_\_\_



Please return your completed application to: Community Partnerships Team, Community Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail [community@northwilts.gov.uk](mailto:community@northwilts.gov.uk)