Community Award Application Form



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 | 1 - Your Organisation or Group | | | | | | |
|---|--------------------------------|--|--|--|--|--|--|
| Name of Organisation | Malmesbury & Village | Malmesbury & Villages Community Area Partnership (M&VCAP) | | | | | |
| Contact Name | | | | | | | |
| Contact Address | | | | | | | |
| Contact number | | e-mail | | | | | |
| Organisation Type | Non profit organis | ation 🗌 Local Authority 🗌 Other x | | | | | |
| 2 – Your Project: Produce Community Area Plan | | | | | | | |
| In which Community Area does your project take place? | | 1x 2 🗌 3 🗌 4 🗎 5 🗍 | | | | | |
| In which Parish does your project take place? | | All Parishes & Community groups within M&VCAP Area. | | | | | |
| What is your project? | | Updating and reprinting of the Community Area Plan for Malmesbury & Villages Community Area Partnership. | | | | | |
| Where will your project take place? | | All Parishes & Community groups within M&VCAP area | | | | | |
| When will your project take place? | | Preparation work currently in progress. Draft for Area 1 Ctte by March 2009 meeting. Published for 1 st Area Board May/June 2009. | | | | | |
| Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no. | | YES Fundamental to the work of the Area Board and M&VCAP. NO X | | | | | |
| Please confirm that your project by 31 st March 2009 | will be completed | YES X NO [| | | | | |
| What is the Community benefit of your project, and approximately how many people will benefit? The project is basic to the ethos, needs and aspirations of the community of the entire Partnership area, which will provide M&VCAP and the Area Board with clear and concise information contributed by all sections of the Community Area. The Plan will cover 2009- 2012. It is anticipated that 2,000 copies (A4) in 4 colours and consisting of 30 pages will be required. To be printed and circulated to key stakeholders and service providers- Wiltshire Council, Malmesbury Area Board, Town and Parish Councils and the voluntary and community sector. The content will also be made available on the M&VCAP website | | | | | | | |
| NWDC will not meet future running costs for projects. Please tell us how these will be met in the future This section is limited to 1000 characters. Once the Community Plan is printed there will be no further costs involved. Newsletter updates will be printed and circulated periodically which will be funded by M&VCAP who will seek grants and use funds from their own and other acquired resources. | | | | | | | |
| Has your organisation received a previous award from this Council? | X Yes (please p | X Yes (please provide details below) No | | | | | |
| Date of amount and previous award | 27/09/2006 | £2,875:00 | | | | | |
| Details of award(s) | Setting up, organis | ing and running the Malmesbury Transport Hub | | | | | |

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures This section is limited to 1200 characters

Exhaustive consultation has taken place with as many local groups, individuals, statutory authorities and other stakeholders as possible. These groups have contributed new projects, updated and revised ongoing items from the original plan. The organisations concerned form the most active nucleus of the district whose contributions seek to enhance the fulfilment, aspirations and determination of the needs of the population of the Community Area.

The Plan will provide a sound basis for Statutory and Policy Groups to determine the best way forward for the Community Area based on the information provided. The Community Plan will be circulated as required to key personnel within Wiltshire Council, the Malmesbury Area Board, Town and all Parish Councils and other service providers and contributing bodies. It will act as a reference document for all residents; copies will be placed in public buildings such as Libraries, Council Offices and other appropriate places.

The Plan will be printed on recycled paper or other such suitable material.

| 4 - Financial Information | | | | | | | |
|---|-------------|---|---------------|---|--|--|--|
| PROJECT COSTS Please provide a <u>full</u> 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 | | | | |
| | £ | | | £ | | | |
| Artwork, Printing of 2,000 copies of the M&VCAP Community Area Plan | £2,500 | | | £ | | | |
| | £ | | | 3 | | | |
| | £ | | | £ | | | |
| | £ | | | £ | | | |
| | £ | | | £ | | | |
| | £ | T | | £ | | | |
| TOTAL PROJECT EXPENDITURE | £2,500 | TOTAL PROJECT INCOME | | £ | | | |
| | | | _ | | | | |
| Total Project Income | | £ 0 | | | | | |
| Total Project Expenditure | | £ 2,500 | | | | | |
| Project Shortfall | | £ 2,500 | | | | | |
| Award sought from NWDC | • | £ 2,500 | | | | | |
| Is your organisation able to claim V | AT? | YES NO | | | | | |
| 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 organisa | ation or group) – I confirm that | | | | | |
| X 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. X 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) X That acknowledgement will be given of NWDC support in any publicity or printed material. X I give permission for press and media coverage by NWDC in relation to this project. | | | | | | | |
| Name: Position in organisation: | Da | ı te: 27 th S | eptember 2009 | | | | |
| Please return your completed application to: Community Partnerships Team, North Wiltshire District Council, Monkton Park, Chippenham, Wiltshire, SN15 1ER or | | | | | | | |

e-mail community@northwilts.gov.uk