


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	
Name of Organisation	Little Somerford Village Hall Committee
Contact Name	
Contact Address	
Contact number	e-mail
Organisation Type	Non profit organisation <input checked="" type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/>
2 – Your Project	
In which Community Area does your project take place?	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
In which Parish does your project take place?	Little Somerford
What is your project?	Completion of Disabled Wheelchair Access/Egress
Where will your project take place?	Little Somerford
When will your project take place?	As soon as practicable with hirings
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.	YES <input checked="" type="checkbox"/> page 6 NO <input type="checkbox"/>
Please confirm that your project will be completed by 31st March 2009	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
What is the Community benefit of your project, and approximately how many people will benefit? (IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)) Fulfilment of our obligation to disabled members of the Little Somerford and neighbouring parishes using the hall. Naturally, few persons will benefit from the project in normal circumstances but in the case of an emergency all users of the hall would benefit. 100 plus	
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future From hall hiring revenue	
Has your organisation received a previous award from this Council?	<input checked="" type="checkbox"/> Yes (please provide details below) <input type="checkbox"/> No
Date of amount and previous award	23/01/08 £450
Details of award(s)	Safety sanding/sealing of main hall floor.

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures			
(IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES))			
The hall is regularly and well used as a direct result of the voluntary efforts of an active and enthusiastic Committee. Four local groups use the hall on a weekly basis, 3 on a monthly basis and 2 bi-monthly. Other bookings help to achieve an average weekly usage of 6.			
I therefore consider the hall worthy of financial support for the project.			
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
Enlarge 2 doorways/Fit Frames/Doors	£200		
Supply 1 interior & 1 Emergency Door	£290		£
Excavate Ramp Extension	£0		£
Lay Kerbstones/Membrane	£0		£
Provide Groundwork, lay Tarmac	£450		£
Supply scalpins – membrane - Tarmac	£750		£
	£		£
TOTAL PROJECT EXPENDITURE	£1690	TOTAL PROJECT INCOME	£
Total Project Income	nil		
Total Project Expenditure	£1690		
Project Shortfall	£1690		
Award sought from NWDC	£1690		
Is your organisation able to claim VAT?	YES <input type="checkbox"/> NO X		
THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED			
<input type="checkbox"/> 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.....			
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			
X That any other form of licence or approval for this project has been received prior to submission of this application			
X That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. X Child Protection X Public Liability Insurance			
X Equal Opportunities <input type="checkbox"/> Access Audit			
N/A 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:			Date: 14/04/08
Position in organisation:			
 Please return your completed application to: Community Partnerships Team, Community Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail community@northwiltts.gov.uk			