

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	Allotment Bicentenary Planning Group
Contact Name	
Contact Address	
Contact number	e-mail <input type="checkbox"/> N/A <input type="checkbox"/>
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?	Great Somerford
What is your project?	Printing of the Allotment Year Book
Where will your project take place?	Great Somerford
When will your project take place?	2008-2009
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.	YES <input type="checkbox"/> NO <input checked="" 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)) The project raises the consiousness of the whole community in our heritage and local environment. It represents a lasting record of a historical asset in our village, both for the people of the village now and in the future.	
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future N/A	
Has your organisation received a previous award from this Council?	<input type="checkbox"/> Yes (please provide details below) <input checked="" type="checkbox"/> No
Date of amount and previous award	£
Details of award(s)	

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))

Encourages the take-up of allotments benefiting the exercise taken and healthy eating of parishioners.
Promotes the Free Gardens as an environmental asset and open space for all residents to use.

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	
Writing	£0			£
Editorial	£0			£
Compilation	£0			£
Printing	£462			£
Distribution	£0			£
ISBN Number	£9.80			£
	£			£
TOTAL PROJECT EXPENDITURE	£471.80	TOTAL PROJECT INCOME		£0

Total Project Income	£0
Total Project Expenditure	£471.80
Project Shortfall	£471.80
Award sought from NWDC	£471.80
Is your organisation able to claim VAT?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

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. N/A

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: 06/08/08
Position in organisation: _____



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