

# 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>	APART
<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 checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
<b>In which Parish does your project take place?</b>	
<b>What is your project?</b>	Lone Parents group pilot
<b>Where will your project take place?</b>	Chippenham, days out will be various
<b>When will your project take place?</b>	July & Aug 08
<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 checked="" type="checkbox"/> NO <input 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> (IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)) Lone parents speak of loneliness and isolation  APART aims to provide a safe environment in which intergenerational and multi cultural friendships will flourish and work together to provide a range of opportunities and activities which are inspiring, stimulating and fun for parents and children	
<b>NWDC will not meet future running costs for projects. Please tell us how these will be met in the future following the initial pilot to prove need and use the project will use this evidence to provide longer term funding.</b>	
<b>Has your organisation received a previous award from this Council?</b>	<input type="checkbox"/> Yes (please provide details below) <input checked="" type="checkbox"/> No
<b>Date of amount and previous award</b>	£
<b>Details of award(s)</b>	

**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))

APART has grown from listening to the real fears expressed by lone parents and their children prior to leaving the refuge and matching these needs with the wider community.

Lone parents speak of loneliness and isolation, lone parents are often unable to participate in social functions simply by merit of being alone. It is difficult to attend skill building courses without childcare, as often there is no friendship network of family in place to help with the children. The opportunity to attend trips is expensive and can be daunting if not part of a group activity.

**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	
cotswold water park - coach	£250			£
Water sports and climbing activi	£240			£
Bridge centre activities x2	£500			£
go-karting	£550			£
Monkton Park picnic & T shirt de	£250			£
seaside trip - including coach	£500			£
advertising	£161			£
<b>TOTAL PROJECT EXPENDITURE</b>	<b>£2,451</b>	<b>TOTAL PROJECT INCOME</b>		<b>£</b>

<b>Total Project Income</b>	£0
<b>Total Project Expenditure</b>	£2,451
<b>Project Shortfall</b>	£2,451
<b>Award sought from NWDC</b>	£2,451
<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.

<b>Name:</b> Position in organisation:	<b>Date:</b>
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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)