

Meeting: DEVIZES AREA BOARD

Place: Devizes Sports Club, London Rd, Devizes SN10 2DL

Date: Monday 26 November 2012

Time: 6.30 pm

COMMUNITY AREA GRANT - APPLICATION FORMS

Relating to item 11 on the agenda for the above meeting

Section 4



| Ref | erence no |
|-----|----------------------|
| | Log no |
| For | ೦∖ b r office₋use |

Community Area Grant Application Form 2012/2013

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

To fund projects up to £1,000 without the need for matched funding
To fund up to 50% of projects costs of projects over £1,000
Maximum Grant £5,000

For larger projects we strongly advise you to contact Charities Information Bureau three months before you approach the area board. (See Section 2 for contact details)

Please contact your Community Area Manager before completing your application (See Section 3 for contact details)

| 4 Varmenments -41 | | | | | |
|---|--|---------------------|-------------|--|--------|
| 1. Your organisati | | | | | |
| Name of organisation | BISHOPS | CANNING | s CR | ICKET CLUB | |
| Contact name | | | | | |
| Jonieof Hallie | | | | | |
| Contact address | 3 | , - | F 50 | 100 71 | |
| Contact number | (| i | | | * |
| Organisation type | Not for profit org Other, please sp | | Parish/to | own council 🗌 | |
| 2. Your project | | | | Via | |
| Project Title/Name | AC S | RICKET | DAVIL | 1 ON | |
| | 1 1 E W C | ا المال المال المال | 1 100.0 | , - · • | |
| What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces). | NEW SI TO I | TE. | FAC VITY | ION TO REP NEI ONTO AI ILITIET AT CRICKET (| A VERY |
| In which community project take place? (<i>I</i> name – see section 3 | Please give | Biste | PS CI | tn ning s | |
| I/we have discussed with the town/parish | | Yes 🗹 | Date | SEE ENCLUS | |
| I/we have discussed with our Wiltshire co | | Yes | Date | | No 🗹 |

| Where will your project take place? | SPANIELS BLIBGE CONTE BISHOPS C | FNNINGS DE | 2/1265 | | | |
|---|--|-------------------|--------|--|--|--|
| When will your project take place? | | | | | | |
| How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? Important: Please do not type/write in paragraphs – This section is | THE PRESENT PAVILION FIFTY YEARS OLD AN UNFIT FUR PURPOSE TO FACILITIES FOR YOUT CRICKET. THE EXISTING PAVILOR | PROVIDE THANDA | BULT | | | |
| limited to 700 characters only (inclusive of spaces) | MADE UP OF A WOOD MOBILE HOME ABUTTE SEE PHUTOGRAPHS. | D TO EACH | OTHER. | | | |
| How many people will benefit from your project? | 200 | | | | | |
| How does your project demonstrate a direct link to the local community plan for your area? (see www.wiltshire.gov.uk/areaboards) or priorities of your area board) Please provide a reference/page no. | | | | | | |
| BY THE COUNTY AND AWARDED CO A PAVILLON TO CO OUR CUACHING PRACTICE ASTR WEATHER PITCH WE NOW HAVE CO | AS ONE OF THE BE | HREENS. | ATTIE | | | |
| To be completed ONLY where t | own/parish councils are making a | n application | | | | |
| Is your project one which parish/town taxes to fund? | n councils have powers to raise local | Yes 🗌 | No 🗔 | | | |
| Could your project be funded from you | our reserves? | Yes 🗌 | No 🖯 | | | |
| Is your project urgent (having to be canswer YES please provide evidence | ompleted in this financial year? If you elsewhere on the application form | Yes 🗔 | No 🗌 | | | |

| Year ending: | |)EC | Year: | 2011 | | |
|--|-----------|-----------|-----------|--|--------|---------------|
| A - Total income: | £ 2 | 8,056 | | BALAN PREVI TOU to Char AIRAMBUL HELF FO | CF FR | onf 463 |
| B - Minus total expenditure: | ٤ 2 | 1,795 | (fio, c | PREVI | ous ye | 7 |
| Surplus/deficit for year: (A minus B) | £ | 6 26 | | AIRAMBUL HELF FO | RHERO | et) |
| Free reserves currently held (i.e. money not committed to other projects/operating costs) | | 0,896 | | | | |
| 5. Financial information – If you c provide us. If you have to pay the V | | | | | | |
| Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc. | uipment, | | st all so | B urces of fundi r confirmed (C | | s project, as |
| | | | | | P/C | |
| CLEAR PREPARE SITE LAY HARDCORE ETC, CONCRET EXTEND DRAINAGE, LAY WA | E 8,000 | Own fund | draising | /reserves | C | £ 6000 |
| AND ELECTRIC | 1 + VAT | | | | | £ |
| TOTA | £96000 | Parish/to | wn cou | ncil | | £ 20,00 |
| WOODEN BUILDING WITH | E17 COO | | | | | £ |
| SKIPLAR. FIT NEWURVE | ENUAT | Trusts/fo | undatio | ns | | £ |
| RECLAIMED TILL TOTAL | PEZT ON | 1 | | | | £ |
| | £ | In kind | | | | £ |
| PLATERIOR FITTING FIXING PLATERBUALDING, WALL DOORS, INSTAL ELECTILIS WHITE | £ 17-000 | | | | | £ |
| 45HOWENS TOILETS & 2 | | | | | | |
| IN DISABLED TOLLT FIT KITCHEN TOTAL | 24,400 | Other _ | (Ri) | DOR | | £30000 |
| | £ | | | | | £ |
| Total Project Expenditure | £61,000 | Total Pro | oject Inc | ome | | £ 5600 |
| Total project income B | | £ | 560 | יטטכ | | |
| Total project expenditure A | | £ | 61 | 000 | | |
| Project shortfall A – B | | £ | 50 | 700 | | |
| Grant sought from Wiltshire Council Ar | rea Board | £ | 5 | 000 | | |
| Bank Details | | | | P7-1 | | |
| The state of the s | | 1 | | | | 556 BC-61- |
| Please give the name of the organisation account e.g. Barclays Please give the name of the organisation | | | | | 14 | |

| 3. Management | | | | | | | |
|---|--|------------------------------------|--|--|--|--|--|
| How many people are involved in the r Of these, how many are: | management of your group/organisation? | | | | | | |
| Over 50 years | ale Female (| | | | | | |
| 25 – 50 years M | ale 3 Female 0 | | | | | | |
| Under 25 years N | lale O Female O | | | | | | |
| Disabled People N | lale O Female 0 | | | | | | |
| Black and Minority Ethnic people M | lale S Female | | | | | | |
| If your project will continue after the V A NEW PAVILIN MANT YES | Viltshire Council funding runs out, how wil ・ いそに かみ, かっみ, からり らし | you continue to fund it? | | | | | |
| How will you know whether your project has made a difference in the community? What information will be collected to enable you to know that the project has made a positive impact on your community and met the local need? WE WILL ASK ALL MEMBERS/PARENTS OF THE CLUB AND ALL VIS ITING TEAMS / PARENTS ETC OF THEIR IMPRESIONS OF THE PAVILION | | | | | | | |
| Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project? | Yes Date contacted CIB | No 🗀 | | | | | |
| To whom have you applied for | I tallic of Laliaci | Amount Amount Applied For Received | | | | | |
| funding for this project (other than Wiltshire Council)? | | 30,000 730,000 | | | | | |
| Please <u>list</u> with amount applied for and whether you have been | 1 | | | | | | |
| successful | | | | | | | |
| Have you or do you intend to apply for a grant from another area board within this financial year? | Yes No No | | | | | | |
| If yes, please state which one(s). | | | | | | | |
| Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project? | Yes I NO [] School ULE 106 MONE WE HAVE BEEN C | 1 FRANTED \$ 20,000 | | | | | |

| 6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered |
|--|
| Enclosed (please tick) |
| All written quotes including the one(s) you are going to use |
| Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year |
| Terms of reference/constitution/group rules |
| Evidence of ownership/lease of buildings and/or land |
| For new groups, only the group's terms of reference and a projected income and expenditure budget covering a period of 12 months is required. |
| 7. Declaration (on behalf of organisation or group) – I confirm that |
| This application meets all the funding criteria |
| 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 a grant is received, I will provide copies of <u>all</u> receipts and invoices associated with the grant and provide information and photographs to demonstrate how the grant was spent. |
| That any other form of licence or approval for this project has been received prior to submission of this grant application. |
| ☐ That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. |
| ☐ Child Protection ☐ Safeguarding Adults |
| Public Liability Insurance |
| Access audit Environmental impact |
| ☐ Planning permission applied for (date) or granted (date) // JULY 2012 |
| That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material. |
| I give permission for press and media coverage by Wiltshire Council in relation to this project. |
| Name: Position in organisation: CHANDAAA Date: CHOCTOBER 2012 |
| Position in organisation: CHAIRMAN (CTTBEIL 2012) Please return your completed application to the appropriate Area Board Locality Team (see section 3) |

| Page | 6 |
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Section 4



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For office use

Community Area Grant Application Form 2012/2013

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

To fund projects up to £1,000 without the need for matched funding
To fund up to 50% of projects costs of projects over £1,000
Maximum Grant £5,000

For larger projects we strongly advise you to contact Charities Information Bureau three months before you approach the area board. (See Section 2 for contact details)

Please contact your Community Area Manager before completing your application (See Section 3 for contact details)

| 1. Your organisat | ion or group | | | | |
|---|--------------------------------------|-------------------|-------------|--------------------------|----------------------------|
| Name of | Sheep Street Ba | aptist Church | | | |
| organisation | | | | | |
| Contact name | | | | | |
| Contact address | | | | | |
| Contact number | | | e-mail | | |
| Organisation type | Not for profit of Other, please s | | Parish/t | town council 🗌 | |
| 2. Your project | | | | | |
| Project Title/Name | Lunch at One | | | | |
| What is your | The project is Lu | ınch at One and i | ts aim is t | o provide a nourishing r | meal for older people in |
| project about and | | | | omote a luncheon club | |
| what does it aim to | | | | | olation that many people |
| achieve? | | | | | inteers two of our team, |
| | | | | award for their work. At | |
| Important: This | | | | | e believe that this number |
| section is limited to | | need new chairs. | | , | |
| 600 characters only | , | | | | |
| (inclusive of | | | | | |
| spaces). | | | | | |
| ' ' | | | | | |
| | | | | | |
| | | ı | | | |
| In which community | araa daaa waxii | Davissa Aras | | | |
| In which community project take place? (<i>I</i> | | Devizes Area | | | |
| name – see section 3 | | | | | |
| I/we have discussed | | | | | |
| with the town/parish | | Yes □ | Date | | No ⊠ |
| with the town/parish | Council: | 163 | Date | | |
| I/we have discussed | | | | | |
| with our Wiltshire co | uncillor? | Yes | Date | | No 🖂 |
| | | | | | |

| Where will your project take place? | Sheep street Baptist Hall | | | | | |
|---|--|--|--|--|--|--|
| When will your project take place? | Is already ongoing | | | | | |
| How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? | At present the chairs that we use for the lunches are old, dirty and very hard, so that most people need a cushion to sit on to be comfortable. We do provide cushions, but feel that they are not hygienic and could pose a risk when in use. If we had padded seats there would be no neccessity for the cushions also the chairs would be more welcoming. Lunch at One does not have the funds to buy the chairs, but a benefactor has offered to pay up to one half of the cost. | | | | | |
| Important: Please do not type/write in paragraphs – This section is limited to 700 characters only (inclusive of spaces) How many people will benefit from | 200 people approximately | | | | | |
| your project? | , , , , , | | | | | |
| and they don't know how we do it for the groups in the community also use the ch | e people at Lunch at One, they often say he price we charge. Besides being used for Lu airs, including The Blind Association, Deviz | ow much they enjoyed the meal, unch at One, various non-profit zesChamber Choir, Devizes | | | | |
| own Bank Account, but the funds are he | e Tots Group,and The Girls' Brigade.The Lu | ts. | | | | |
| To be completed ONLY where t | own/parish councils are making a | n application | | | | |
| Is your project one which parish/town taxes to fund? | councils have powers to raise local | Yes No No | | | | |
| Could your project be funded from yo | ur reserves? | Yes No No | | | | |
| Is your project urgent (having to be coanswer YES please provide evidence | ompleted in this financial year? If you elsewhere on the application form | Yes No No | | | | |

| 3. Management | | | | | | |
|--|----------------------------|--|--|---|---|--|
| How many people are involved in the Of these, how many are: | mana | agement | of your group/ | organisatio | n? | |
| Over 50 years | Male | 2 | Female | 4 | | |
| 25 – 50 years | Male | | Female | | | |
| Under 25 years | Male | | Female | | | |
| Disabled People | Male | | Female | 1 | | |
| Black and Minority Ethnic people | Male | | Female | | | |
| If your project will continue after the The project is ongoing, and has been for | | | | ns out, how | will you continue | e to fund it? |
| How will you know whether your procedlected to enable you to know that local need? If the Lunch Club is a comfortable place themselves and find the stacking of the enable them to volunteer for longer. We groups that will use the chairs. | the position to the currer | roject has , more pe nt chairs v | s made a posit ople will come.s ery tiring, the fo | ive impact of Some of the olding chairs | on your communi volunteers are not and the storage tr | ty and met the young olleys will |
| Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project? | Ye | es 🛚 | Date conta | icted CIB 2 | 4.10.12 | No 🗌 |
| To whom have you applied for | Na | ame of Fu | ınder | | Amount Applied For | Amount Received |
| funding for this project (other than Wiltshire Council)? | | | | | Applied 1 of | INCOCIVED |
| Please <u>list</u> with amount applied for and whether you have been successful | | | | | | |
| Have you or do you intend to apply for a grant from another area board within this financial year? If yes, please state which one(s). | Ye | es 🗌 | No 🛚 | | 1 | |
| Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project | | es 🗌 | No 🗵 | | | |

| 4. Information relating to your last annual accounts (if applicable) | | | | | | | |
|---|----------------|------------|---|-----|----------------|--|--|
| Year ending: 31 st | Month: De | cember | Year: 2011 | | | | |
| A - Total income: | £ 2063 | £2063 | | | | | |
| B - Minus total expenditure: | £1521 | | | | | | |
| Surplus/deficit for year: (A minus B) | £ 542 | | | | | | |
| Free reserves currently held (i.e. money not committed to other projects/operating costs) | £ 400 | | | | | | |
| 5. Financial information – If you of provide us. If you have to pay the V | | | | | | | |
| Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc. | juipment, | Please lis | ncome B st all sources of fundi nal (P) or confirmed (0 | | s project, as | | |
| | | | () | P/C | | | |
| Chairs | £ 2,400 | Own fund | draising/reserves | | £ | | |
| Trucks | £ 650 | | | | £ | | |
| | £ | Parish/to | wn council | | £ | | |
| | £ | | | | £ | | |
| | £ | Trusts/fo | oundations | | £ | | |
| | £ | | | | £ | | |
| | £ | In kind | | | £ | | |
| | £ | | | | £ | | |
| | £ | | | | | | |
| | £ | Other | | | £ | | |
| | £ | Donation | | С | £1,500 | | |
| Total Project Expenditure | £ 3,050 | Total Pro | ject Income | | £ 1,500 | | |
| Total project income B | | £1,500 | | | | | |
| Total project expenditure A | | £3,050 | | | | | |
| Project shortfall A – B | | £1,550 | | | | | |
| Grant sought from Wiltshire Council Ar | ea Board | £1,525 | | | | | |
| Bank Details | | | | | | | |
| Please give the name of the organisation account e.g. Barclays | ons' bank | | | | | | |
| Please give the name of the organisation account e.g. Chippenham Scouts | ons' bank | | | | | | |

| 6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered | | | | | |
|--|--|--|--|--|--|
| Enclosed (please tick) | | | | | |
| | | | | | |
| □ Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year | | | | | |
| □ Terms of reference/constitution/group rules | | | | | |
| | | | | | |
| For new groups, only the group's terms of reference and a projected income and expenditure budget covering a period of 12 months is required. | | | | | |
| 7. Declaration (on behalf of organisation or group) – I confirm that | | | | | |
| ☑ This application meets all the funding criteria | | | | | |
| ☐ 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 a grant is received, I will provide copies of <u>all</u> receipts and invoices associated with the grant and provide information and photographs to demonstrate how the grant was spent. | | | | | |
| ☐ That any other form of licence or approval for this project has been received prior to submission of this grant application. | | | | | |
| ☐ That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. | | | | | |
| ☐ Child Protection Safeguarding Adults | | | | | |
| □ Public Liability Insurance □ Equal opportunities | | | | | |
| ☐ Access audit ☐ Environmental impact | | | | | |
| ☐ Planning permission applied for (date) or granted (date) | | | | | |
| $oxed{\boxtimes}$ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material. | | | | | |
| ☑ I give permission for press and media coverage by Wiltshire Council in relation to this project. | | | | | |
| Name: Date: 08/11/2012 | | | | | |
| Position in organisation: | | | | | |
| Please return your completed application to the appropriate Area Board Locality Team (see section 3) | | | | | |

| Page 12 |
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Section 7



Reference no

Log no

For office use

Small Grant Application Form

2012/2013

For small projects requiring funding - maximum award £350 where total projects costs do not exceed £350

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

| 1. Your organisation or group | | | | | | | |
|---|--|--|--------|-----|-------------|--|--|
| Name of organisation | The Friends of Bishops Cannings School | | | | | | |
| Contact name | P (2) NO 825 (2) | | | | | | |
| Contact address | | | | | | | |
| Contact number | 70070 | | e-mail | т " | 1. ' Q-1 um | | |
| Organisation type | Not for profit organisation 🗵 Other, please specify | | | | | | |
| 2. Your project | | | | | | | |
| Project Title/Name | Walking Bus | | | | | | |
| Please briefly tell us about the project /activity you want to organise and why Important: This section is limited to 600 characters only (inclusive of spaces). | As part of International Walk to School Month and in an effort to ease congestion around our school we decided to trial a Walking Bus for one week. Teachers and parent volunteers met children who wished to be part of the walking bus at 8.30am in the local pub car park. We then walked with the children to school through the Churchyard and up The Street avoiding the main busy and congested lane leading to the school. At the end of the day we walked the children from school back to the pub car park for collection by their parents/carers. The trial was verysuccessful and we would like to continue it | | | | | | |
| In which community area does your project take place? (Please give name – see section 3 of the grants pack) | | Central Locality - Devizes Area Board - Bishops Cannings | | | | | |
| | Where will your project take place? The village of Bishops Cannings | | | | | | |
| When will your project take place? Every school day 8.30-8.45 am & 3.05-3.20 pm | | & 3.05-3.20 pm | | | | | |

| How will your project benefit your local community? Important: This section is limited to 300 characters only (inclusive of spaces). | The school is currently trying to work with the community to improve traffic management during busy drop-off times at 8.30 am and 3 pm. More parents now park at The Crown Inn instead of parking in the congested lanes adjacent to the school which causes concern to local residents. | | | | | | | |
|--|--|-----------------------|--------------------|--|--|--|--|--|
| How many people will benefit from your project? | 50-100 children and local residents | | | | | | | |
| Any other information about your project. The Walking Bus has proved so popular with parents and pupils that we would like to make it a permanent arrangement. In order to do this we require a further 80 high visibility vests in various sizes for the pupils and accompanying adults to wear. We have received some high vis vests kindly donated by parents but need many more in order to continue this project safely - especially during the winter months. The Walking Bus not only eases conjestion around the immediate school area but promotes healthy living as well. Feedback from the pupils has been very positive and they greatly enjoy the walk to and from school each day.Comments from local residents have been positive too. | | | | | | | | |
| 3. Funding | | | | | | | | |
| What will be the total cost of your project? | £ 200 | | | | | | | |
| How much funding are you applying for (maximum £350)? | £ 200 | | | | | | | |
| If you are expecting to receive any other funding for your project, please give details | Source of Funding | Amount Applied For | Amount Received | | | | | |
| | | | | | | | | |
| Name of the organisation and the bank account name (but not the number) your grant funding will be paid in to: (Please Note: we cannot pay money into an individual's bank account) | | | | | | | | |
| 4. Declaration (on behalf of orga | anisation or group) – I confirm tha | ıt | | | | | | |
| ☑ The information on this form is correct and that any grant received will be spent on the activities specified | | | | | | | | |
| ☑ Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application | | | | | | | | |
| ☑ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material. | | | | | | | | |
| ☐ I give permission for press and media coverage by Wiltshire Council in relation to this project. | | | | | | | | |
| Name: Con Pagetin | | Date: 25/10/2 | 2012 | | | | | |
| Position in organisation: Chairperson Please return your completed application to the appropriate Area Board Locality Team (see section 3) | | | | | | | | |