

Meeting: TROWBRIDGE AREA BOARD

Place: The Atrium, County Hall, Trowbridge, BA14 8JN

Date: Thursday 17 January 2013

Time: 7.00 pm

COMMUNITY AREA GRANT - APPLICATION FORMS

Relating to item 8 on the agenda for the above meeting





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)

1. Your organisation or group						
Name of	The BIG Commi	unity Grow				
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit of Other, please s		Parish	/town council □		
2. Your project						
Project Title/Name	Trowbridge App	le Festival				
What is your	The Trowbridge	Apple Festival ai	ms to cel	ebrate and raise awareness of	local food and	
project about and				ood and enjoying the outdoors,		
what does it aim to	natural cycle of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
achieve?						
	All 21Schools ar	nd 3childrens cen	tres will I	oe centres for growing & cookir	ng activities linked	
Important: This				lossom and planting, eating and		
section is limited to	will all take place	e between May a	nd Octob	er 2013.		
600 characters only						
(inclusive of				e about apples and traditional a		
spaces).	how to grow cro	ps themselves ar	ıd enjoy e	eating them with their communi	ty.	
In which community	area does your	All Trowbridge I	Divisions			
project take place? (/						
name – see section 3						
I/we have discussed	our project					
with the town/parish	council?	• •				
I/we have discussed	our project					
with our Wiltshire co		Yes ⊠ Date October 2012 N				

Where will your project take place?	Courtfield House & schools and children's	centres in Trowbridge				
When will your project take place?	May - October 2013					
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 limited to 700 characters only (inclusive of spaces)	On October 13 th 2012 we held the first Trowbridge Apple Festival - this was attended by over 400 local residents- adults and children. Local community groups attended with stalls selling local food and produce. We have received 100% positive feedback and requests for this to become an annual event - in particular from Friends of Trowbridge in Bloom and Cllr Helen Osborn.TTC & Courtfield house loaned equipment and will in 2013. Over the last year we have been volunteering in schools and childrens centres giving families the opportunities to experience growing fruit and veg and do traditional outdoor activities. We are being asked to do more of these activities by these schools and centres.					
How many people will benefit from your project?	1000+					
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.	Buying local - buying sustainable products Trees and wildlife habitats Improving chances for children Childhood obesity/ eat more fruit and veg					
	P6, 7, 8					
Any other information about your project. (Limited to a 1000 characters) Outline of project: Feb 2013 - Invitation to 21 schools & 3 children's centres (including seeds and activity pack) May 2013 - Blossom Day & Tree Planting - children representing each school to attend for celebration of apple blossom at Courtfield House orchard (with traditional games, apple food and talk) - they will receive Wiltshire Variety Apple Tree to plant at their school June 3 rd 2013 - Big Lunch Event - as part of this national campaign a Trowbridge big lunch will take place with food from all participants bring communitiies together to share food and enjoyment of growing September 2013 - Workshops in Schools - chance to use apple press and learn about Wiltshire apples, make apples juice and try different varieties - 15 free workshops and opportunity for others at minimal cost. October 12 2013 - Apple Fair (talks, stalls, traditional games, local food and entertainment at Courtfield House Project In partnership with Wiltshire Wildlife Trust & Trowbridge Museum, 4Children						
To be completed ONLY where town/parish councils are making an application						
Is your project one which parish/town taxes to fund?	councils have powers to raise local	Yes No 🖂				
Could your project be funded from yo	ur reserves?	Yes ☐ No ⊠				
Is your project urgent (having to be considered answer YES please provide evidence	Yes ☐ No ⊠					

3. Management							
How many people are involved in the Of these, how many are:	mana	gement	of your gro	up/	organisat	ion?	
Over 50 years	Male		Fema	le			
25 – 50 years	Male		Fema	ale	2		
Under 25 years	Male		Fema	le			
Disabled People	Male		Fema	le			
Black and Minority Ethnic people	Male [Fema	le			
If your project will continue after the From revenue at events, general fundra						w will you contin	ue 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? Participating schools and centres will complete inital questionnaire about the activities and experiences of their children Photos and observations taken/make at workshops and 3 events Produce grown and planted at centres/schools will be recorded - using blog Questionnaire to children, schools, families post even/ workshops Attendance at events will demonstrate awareness and interest in project							
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Ye	s 🗌	Date co	nta	cted CIB		No 🖂
To whom have you applied for	Na	Name of Funder			Amount Applied For	Amount Received	
funding for this project (other than Wiltshire Council)?						7,0000000	TROGETYGE
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	s 🗌	No	\boxtimes			1
Are you in receipt or anticipating							
other funding from other Wiltshire Council departments for this project		s 🗌	No				

4. Information relating to your la	ıst annual	accounts	(if applicable)			
Year ending: 2012	Month: 08 Year: 2012					
A - Total income:	£1200					
B - Minus total expenditure:	£1100					
Surplus/deficit for year: (A minus B)	£100					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£0.00					
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	luipment,	Please lis	ncome B st all sources of funding nal (P) or confirmed (C)	for thi	s project, as	
		P. 0 1 10101	(.) 0. 00111111100 (0)	P/C		
Publicity	£ 460	Own fund	draising/reserves	С	£100	
Guest Speakers	£ 375	Raffle/Stallholders		Р	£300	
Resources	£225	Parish/town council			£	
Apple Map	£ 5	Museum		С	£100	
Entertainment	£ 781	Trusts/foundations			£	
Apple Trees/Seeds	£ 475				£	
Utilities & Equipment	£890	E890 In kind		С	£	
Raffle Prizes	£100	Volunteer Leaders/entertainment		С	£1,000	
Storyteller	£100	Apple Tre	es & Seeds/prizes	Р	575	
Activity Leaders	£500	Other			£0	
School Workshops	£ 750	Utilities/E	quipment (in-kind)	С	£300	
Total Project Expenditure	£ 4,661	Total Pro	ject Income		£ 2,375	
Total project income B		£ 2,375				
Total project expenditure A		£4,661				
Project shortfall A – B		£ 2,286	£2,286			
Grant sought from Wiltshire Council Area Board		£2,286				
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)						
All written quotes including the one(s) you are going to use	All written quotes including the one(s) you are going to use					
☐ Latest inspected/audited accounts or annual report or Income/expenditure budg	et 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 covering a period of 12 months is required.	d expenditure budget					
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 this grant application.	prior to submission of					
☐ 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						
☐ 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: 03/12/2012					
Position in organisation: Project Coordinators						
Please return your completed application to the appropriate Area Board Locality	Team (see section 3)					



Log no tro.12.025

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)

1. Your organisati	ion or group						
Name of	The BIG Commu	unity Grow					
organisation							
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Not for profit or Other, please s		Parish/	town council 🗌			
2. Your project							
Project Title/Name	'Let's Grow' at th	e Children's Cen	tres				
What is your	This project aims to develop project to develop opportunities for young children (under 5)						
project about and	and thier parents to enjoy outside spaces and to come together as a community to become						
what does it aim to achieve?	involved in the BIG LUNCH.						
Important: This	AIM:						
section is limited to		ts to explore outd	loor area	s with their child and provi	de safe opportunities		
600 characters only		ur and be replicated from their home					
(inclusive of		nts together and enjoy the fruits of the harveset.					
spaces).			en to ext	end their vocabulary			
	To build community cohesion						
In which community project take place? (<i>I</i> name – see section 3	(Please give						
I/we have discussed with the town/parish	our project council?	Yes □ Date No ⊠					
Ihua hava dia autora							
I/we have discussed with our Wiltshire co	•	Yes □ Date No ⊠					

Where will your project take place?	Studley Green and Bellefield Children's Co	entres in Trowbridge				
When will your project take place?	March, April, June and July 2013					
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	A 6 week programme with families, a 5 week pre-shool group and 4 sessions with vulnerable families were provided as volunteers during Spring/Sumer 2012. Feedback from children's centres and families 100% positive see attached. Childrens centres have identified the following: The percentage of overweight and obese children in Reception year is 26%(higher than the Wilts of 21.5%). This project encouraged families to grow their own food and eat it. Communication, language and literacy are the areas for development within their SOA - this type of project can					
in paragraphs – This section is limited to 700 characters only (inclusive of spaces)	support parents to communicate more effects share in outdoor activities by building parents around 20 families.					
How many people will benefit from your project?						
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. Any other information about your pro	page 2 Health Page 4 Education ject (Limited to a 1000 characters)					
This project will use the Children's Centre data base and relationships to target families from hard to reach categories to work with the The BIG Community Grow to explore outside spaces and use the beds and tubs at the centres to plant seeds and grow their own food. Children will be encouraged to take plants home to grow in their own spaces. In the summer the sessions will continue to harvest and share the produce and consider ways of using it. Finally the produce will be used to share at the 'big lunch' involving others within the community. The project will combine gardening and cooking activities developing the skills and confidee of both children and adults in the outdoor environment and ecoraging them to include frut and vegetables in their normal diet by sharing the enjoyment of growing and being outside.						
To be completed ONLY where town/parish councils are making an application						
Is your project one which parish/towr taxes to fund?	Yes ☐ No ⊠					
Could your project be funded from yo	our reserves?	Yes No 🖂				
Is your project urgent (having to be canswer YES please provide evidence	Yes ☐ No ⊠					

3. Management							
How many people are involved in the Of these, how many are:	e mana	agement	of your gro	oup/	organisatio	on?	
Over 50 years	Male		Fema	ale			
25 – 50 years	Male		Fem	ale	2		
Under 25 years	Male		Fema	ale			
Disabled People	Male		Fema	ale			
Black and Minority Ethnic people	Male		Fema	ale			
If your project will continue after the Grants, fundraising and donations	Wiltsh	nire Cou	ncil funding	g rui	ns out, hov	v will you continu	e 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? The project will collect the starting points for parents and carers on the following: How often they explore outdoor areas with thier child How confident are they to grow thier own produce How embeded do they feel within their community. The impact of the project fo rchildren will be tracked by capturing photos and observations in a group learning journal.							
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Ye	es 🗌	Date co	onta	cted CIB		No 🖂
To whom have you applied for	Na	ame of F	under			Amount Applied For	Amount Received
funding for this project (other than Wiltshire Council)?						7400000	Ttoooivou
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?	Ye	es 🗌	No				
If yes, please state which one(s).							
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: 2012	Month: 8		Year: 2012			
A - Total income:	£ 1200					
B - Minus total expenditure:	£1100					
Surplus/deficit for year: (A minus B)	£ 100					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£ 0					
5. Financial information – If you control 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,		ncome B t all sources of funding al (P) or confirmed (C)	g for this	s project, as	
				P/C		
Resources	£ 160	Own fund	lraising/reserves		£	
Workshops x 16 x 1.5hr	£ 720				£	
	£	Parish/to	wn council		£	
	£				£	
	£	Trusts/fo	undations		£	
	£				£	
	£	In kind			£	
	£				£	
	£					
	£	Other			£	
	£				£	
Total Project Expenditure	£880	Total Pro	ect Income		£ 0	
Total project income B	£0					
Total project expenditure A	£880					
Project shortfall A – B		£880				
Grant sought from Wiltshire Council Ar	£880					
Bank Details					_	
Please give the name of the organisatio account e.g. Barclays	ns' bank					
Please give the name of the organisation account e.g. Chippenham Scouts	ns' 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)				
All written quotes including the one(s) you are going to use				
□ Latest inspected/audited accounts or annual report or Income/expenditure budg	et 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 covering a period of 12 months is required.	l expenditure budget			
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 this grant application.	prior to submission of			
☐ 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 ☐ 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: 04/12/2012			
Position in organisation: Project Coordinators				
Please return your completed application to the appropriate Area Board Locality	Team (see section 3)			



Log no tro.12.026

For office use

Community Area Grant Application Form 2012/2013

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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)

1. Your organisat	ion or group				
Name of	The Sunday Clu	b			
organisation					
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or Other, please s		Parish.	town council □	
2. Your project					
Project Title/Name	The Sunday Clu	b Revamp Projec	et		
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	The Sunday Club, a group for the elderly, is re-establishing itself at Trowbridge Civic Ctre due to the dangers of elderly volunteers at it's current venue. This has given us the opportunity to look at revamping how the Club provides its services. Instead of elderly volunteers preparing food we wish to use professional caterer to provide refreshments for those attending. We would also like to provide an improved range of activities including exercises/ health & safety awareness for all Club members in a safe environment. We are seeking frunds to assist with this re-establishment and expansion.				
In which community area does your project take place? (Please give name – see section 3					
I/we have discussed with the town/parish					
I/we have discussed our project with our Wiltshire councillor?					

Where will your project take place?	Civic Centre Trowbridge						
When will your project take place?	10 February 2013 - 11 August 2013						
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	In Wiltshire 18.1% of residents are 65+ (Wilts Council End of Life Care Profile) and it has become noticeable in Trowbridge that our older population is quickly growing. The Club volunteers are themselves in poor health so are also vulnerable. By introducing professional catering and exercise sessions we will re-invigorate the members, which will in turn relieve the stress on carers and families plus relieving the burden on medical services locally						
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 your project?	85 + carers/ families = 250+						
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)	Improves the health and social care of older residents in this area with access to active leisure pursuits and community safety.						
Please provide a reference/page no.	4, 5, 8, 9						
Any other information about your project. (Limited to a 1000 characters) We want to provide a warm, safe renvironment where all members can meet socially and, enjoy properly prepared refreshments thus reducing the risk of contamination & infection in this very vulnearable age group. Previously a group of volunteer members prepared the food, standing in a small, ill equipped kitchen at Longfield Comm Ctre for 2 hours whilst also suffering from infirmities, an accident waiting to happen. The Committee needs to move the Club to a more practical venue, to introduce a catere and exercise sessions (Tai Chi, chair exercises, short mat bowls, kurling) to improve mobility, confidence, balance thus increasing the health and well being of this senior age group. The Civic has better access and facilities, being lighter and warmer that our previous meeting place.							
To be completed ONLY where t	own/parish councils are making a	n application					
Is your project one which parish/town councils have powers to raise local taxes to fund?							
Could your project be funded from yo	ur reserves?	Yes No No					
Is your project urgent (having to be considered answer YES please provide evidence	Yes No No						

3. Management						
How many people are involved in the Of these, how many are:	management of your group/organisation	?				
Over 50 years	flale Female 6					
25 – 50 years	fale Female 2					
Under 25 years	Male Female					
Disabled People	Male Female					
Black and Minority Ethnic people	flale Female					
If your project will continue after the Nother Grant Funders plus Club fundraisi	Wiltshire Council funding runs out, how wing	will 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? The Committee will check the expected rise in membership in the New Year and compare it to previous figures prior to the move to the Civic Centre. From feedback and enthusiasm of the members in planning the Sunday Club event timetable. From the response of the members to the caterers refreshments, the improved mobility of the Committee plus comments from carers /family.						
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	Name of Funder	Amount	Amount			
funding for this project (other than Wiltshire Council)?	Trowbridge Town Council	Applied For	Received			
Please <u>list</u> with amount applied for		1000				
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?	Yes ☐ 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 □ No ⊠					

4. Information relating to your la	st annual	accounts	(if applicable)				
Year ending: 11/12	Month: Ma	Month: March Year: 2012					
A - Total income:	£ 5814						
B - Minus total expenditure:	£ 5662						
Surplus/deficit for year: (A minus B)	£152						
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£458						
5. Financial information – If you control 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,	Please lis	ncome B st all sources of fundi nal (P) or confirmed (C		s project, as		
			. , , , , , , , , , , , , , , , , , , ,	P/C			
Catering x 6mths	£1,800	Own fund	draising/reserves		£ 458		
6 x Sports Coaches	£ 650				£		
1 hr x 6 mths	£	Parish/town council		Р	£1,000		
	£				£		
	£	Trusts/fo	oundations		£		
	£				£		
	£	In kind			£		
	£				£		
	£						
	£	Other			£		
	£				£		
Total Project Expenditure	£ 2,450	Total Pro	ject Income		£1,458		
Total project income B		£1,458					
Total project expenditure A		£2,450					
Project shortfall A – B		£ 992					
Grant sought from Wiltshire Council Area Board		£992					
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							

6. Supporting information – Please enclose <u>all</u> the following docum do so may lead to a delay in your application being considered	entation as failure to
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 budg	et 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 covering a period of 12 months is required.	l expenditure budget
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 specified, that I will complete a monitoring form (if requested) following complete.	
☑ If a grant is received, I will provide copies of <u>all</u> receipts and invoices associa provide information and photographs to demonstrate how the grant was sper	
☐ That any other form of licence or approval for this project has been received this grant application.	prior to submission of
☐ That the necessary policies and procedures will be in place prior to the comproject outlined in this application.	nencement of the
☐ Child Protection ☑ Safeguarding Adults	
□ Public Liability Insurance □ Equal opportunities	
☐ Access audit ☐ Environmental impact	
☐ Planning permission applied for (date) or granted (date)	
☑ That acknowledgement will be given of Wiltshire Council support in any publi material.	icity, printed or website
☑ I give permission for press and media coverage by Wiltshire Council in relati	on to this project.
Name:	Date: 30/11/2012
Position in organisation: Chairman	
Please return your completed application to the appropriate Area Board Locality	Team (see section 3)



Reference no
Log no

For office use

Community Area Grant Application Form 2012/2013

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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)

1. Your organisation or group							
Name of	Trowbridge in Bl	oom					
organisation							
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Not for profit or Other, please s		Parish.	town council 🗌			
2. Your project							
Project Title/Name	South West in B	loom Seminar 20	13				
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	Trowbridge as winners of South West In Bloom 2012 were invited to host the annual seminar. The seminar will be attended by reps from 85 councils, SWIB, local businesses, schools and neighbourhoods. The seminar will consist of guest speakers, displays, presentations, refreshments, networking, literature, workshops for competition newcomers, briefings on forthcoming SWIB judging requirements and guidelines.						
In which community area does your project take place? (<i>Please give</i> name – see section 3							
I/we have discussed with the town/parish	council?	Yes ⊠	Date	03/10/12	No 🗌		
I/we have discussed with our Wiltshire co	Yes ⊠	Date	03/10/12	No 🗌			

Where will your project take place?	Civic Centre, Trowbridge						
When will your project take place?	21/02/13						
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 limited to 700 characters only (inclusive of spaces)	The South West in Bloom Seminar is an annual event run as a prelude to the auspicious colourful event which lasts for months throughout this area. The annual seminar is a highly coveted event and the selection of Trowbridge can be seen as true regard for the effort that Trowbridge in Bloom and the community put into their entry in SWIB. The Seminar will enable Trowbridge to raise it's profile amongst co-competotors and to encourage even more local participation. This in turn will benefit Trowbridge and surrounding districts through the increased local participation of TIB and the increased tourism to the area.						
How many people will benefit from	40,000 local & whole S W England						
your project?							
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.	Will introduce Trowbridge to representativ encourage Tourism, Culture (Leisure/Reciptnship						
	Pg1,4,6,10						
Trowbridge in Bloom is a very well estable environment through partnership working area. Trowbridge has been extrememy second 2012. Given that success Trowbridge has England. TIB are looking to invite 100+ post, If successful in promoting SWIB Second in Bloom of the possibility of Trowbridge much larger numbers of people from acronother boost to tourism.	Any other information about your project. (Limited to a 1000 characters) Trowbridge in Bloom is a very well established group who have brought about many positive changes in the local environment through partnership working with community groups leading to a tourism theost in the Trowbridge area. Trowbridge has been extrememy successful in South West in Bloom, winning Gold awards in both 2011 and 2012. Given that success Trowbridge has been chosen to launch SWIB 2013 campaign across South West England. TIB are looking to invite 100+ people from cities, towns and parishes in that area to visit Trowbridge at it's best, If successful in promoting SWIB Seminar in this part of the country, this in turn will raise awareness to Btitain in Bloom of the possibility of Trowbridge hosting much larger main award ceremonies. These events will then bring much larger numbers of people from across the South West to Trowbridge, county town of Wiltshire creating another boost to tourism.						
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 ⊠					
Could your project be funded from yo	Yes ☐ No ⊠						
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form							

3. Management						
How many people are involved in the Of these, how many are:	mana	agement	of your group	o/organisation	1?	
Over 50 years	Male	4	Female	8		
25 – 50 years	Male	1	Female 3	3		
Under 25 years	Male	3	Female	1		
Disabled People	Male	2	Female			
Black and Minority Ethnic people	Male	3	Female			
If your project will continue after the N/A	Wilts	nire Cou	ncil funding ru	uns out, how	will 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? Visual improvements to the town and surrounding areas. Projects such as Bee Friendly will enable residents to learn ablout the plight of bees in this country (through activities and signage in local Garden Centres), raising awareness of this extremely important issue and encourage planting of "bee friendly" plants. These projects will in turn create better managed allotments, gardens, wild areas.						
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Ye	es 🗌	Date cont	acted CIB		No 🛚
To whom have you applied for	Na	ame of F	under		Amount Applied For	Amount Received
funding for this project (other than Wiltshire Council)?	ı				Аррисатог	Received
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?	Ye	es 🗌	No 🗵			
If yes, please state which one(s).						
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: 03/12	Month: Ma	Month: March Year: 2011/12					
A - Total income:	£NIL						
B - Minus total expenditure:	£1064.31						
Surplus/deficit for year: (A minus B)	£1064.31 d	leficit					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£NIL						
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. ec installation etc.	quipment,	Please lis	ncome B st all sources of fundi nal (P) or confirmed (0		is project, as		
				P/C			
Literature/ banners	£ 500	Own fund	draising/reserves		£		
Refreshments	£1,200				£		
	£	Parish/to	wn council		£		
Hall Hire	£ 344	Hall/ PA/	Techncn	Р	£ 719		
PA	£225	Trusts/fo	oundations		£		
Technician/ lighting	£150				£		
Floral Displays	£160	In kind			£		
S'venier bags/info	£100	Volunteer	s 18x£10X5hrs	С	£900		
Volunteer Speakers	£ 900						
	£	Other			£		
	£	Basket/ T	ub Sales	Р	£ 240		
Total Project Expenditure	£ 3,579	Total Project Income			£1,859		
Total project income B		£1,859					
Total project expenditure A		£3,579					
Project shortfall A – B		£1,720					
Grant sought from Wiltshire Council Area Board		£1,720					
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						

do s	upporting information – Please enclose <u>all</u> the following docum o may lead to a delay in your application being considered	entation as failure to
Enclo	osed (please tick)	
	All written quotes including the one(s) you are going to use	
	Latest inspected/audited accounts or annual report or Income/expenditure budge	et for current financial year
	Terms of reference/constitution/group rules	
	Evidence of ownership/lease of buildings and/or land	
	ew groups, only the group's terms of reference and a projected income and ring a period of 12 months is required.	expenditure budget
7. D	eclaration (on behalf of organisation or group) – I confirm that	
⊠ Tr	nis application meets all the funding criteria	
	ne information on this form is correct, that any award received will be spent secified, that I will complete a monitoring form (if requested) following comp	
	a grant is received, I will provide copies of <u>all</u> receipts and invoices associa ovide information and photographs to demonstrate how the grant was spen	
	nat any other form of licence or approval for this project has been received p is grant application.	orior to submission of
	nat the necessary policies and procedures will be in place prior to the commoject outlined in this application.	encement of the
⊠ CI	nild Protection 🗵 Safeguarding Adults	
⊠ F	Public Liability Insurance 🗵 Equal opportunities	
	Access audit 🗵 Environmental impact	
⊠P	lanning permission applied for (date) or granted (date)	
⊠ Th mate	nat acknowledgement will be given of Wiltshire Council support in any publi rial.	city, printed or website
⊠ I	give permission for press and media coverage by Wiltshire Council in relation	on to this project.
Name	9:	Date: 04/11/2012
Posit	ion in organisation: Chairman	
Pleas	se return your completed application to the appropriate Area Board Locality	Team (see section 3)



Reference no

Log no

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)

1. Your organisati	ion or group					
Name of	Trowbridge Initia	ntive				
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit or Other, please s		Parish	town council 🗌		
2. Your project						
Project Title/Name	Supporting Tour	ism in Trowbridg	е			
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	The same of the sa					
In which community area does your project take place? (Please give name – see section 3						
I/we have discussed with the town/parish		Yes 🖂	Date	21/11/13	No 🗆	
I/we have discussed with our Wiltshire co	Yes 🛚	Date		No 🗌		

Where will your project take place?	Trowbridge					
When will your project take place?	2013					
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	Businesses identified a need to provide information to visitors and residents through Town Team meetings of business representatives. Sales offices of the six house builders in the town identified the need for additional information about Town Centre facilities. New facilities are opening up in 2013 and new links to Paxcroft Mead which will improve accessibility. We need to make the most of these opportunities.					
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 your project?	30,000					
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. Any other information about your pro	Economy, including Tourism and Employee people to spend their free time and money Progress report p5 ject. (Limited to a 1000 characters)					
To be completed ONLY where t	own/parish councils are making a	n application				
Is your project one which parish/towr taxes to fund?	councils have powers to raise local	Yes No No				
Could your project be funded from your reserves? Yes No						
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form						

3. Management						
How many people are involved in the Of these, how many are:	mana	agement	of your group	organisation	1?	
Over 50 years	Male	8	Female	2		
25 – 50 years	Male	3	Female 3			
Under 25 years	Male		Female			
Disabled People	Male		Female			
Black and Minority Ethnic people	Male		Female			
If your project will continue after the N/A	Wiltsl	nire Cou	ncil funding ru	ns out, how	will 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? Footfall and visitor numbers, including success of new weekly market and opening of new facilities including cinema.						
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Ye	es 🗌	Date conta	acted CIB		No 🛚
To whom have you applied for	Na	ame of F	under		Amount Applied For	Amount Received
funding for this project (other than Wiltshire Council)?	F	o TIC			4500	4500
Please <u>list</u> with amount applied for	Вι	ısiness			1500	1500
and whether you have been successful	Tr	ow TC			525	525
Have you or do you intend to apply for a grant from another area board within this financial year?	Ye	es 🗌	No 🛚			
If yes, please state which one(s).						
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: 30th	Month: Sep	ot Year : 2012				
A - Total income:	£1,100					
B - Minus total expenditure:	£466.45					
Surplus/deficit for year: (A minus B)	£633.55					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£1,533					
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. ecinstallation etc.	juipment,	Please lis	ncome B st all sources of fundi nal (P) or confirmed (0		is project, as	
			, ,	P/C		
Printing Tourist Map	£ 3,186	Own fund	draising/reserves	С	£ 200	
Printing Business Map	£ 3,186				£	
Distribution	£1,718	Parish/to	Parish/town council		£ 450	
Visit Wiltshire	£1,385				£	
Brown signs	£ 2,050	Trusts/fo	Trusts/foundations		£	
	£	Friends o	f TIC	Р	£ 4,500	
	£	In kind			£	
	£				£	
	£					
	£	Other			£	
	£	Business	sponsor		£1,375	
Total Project Expenditure	£11,525	Total Pro	ject Income		£ 6,525	
Total project income B		£6,525				
Total project expenditure A		£11,525				
Project shortfall A – B		£5,000				
Grant sought from Wiltshire Council Area Board		£5,000				
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				
Encl	osed (please tick)			
\boxtimes	All written quotes including the one(s) you are going to use			
	Latest inspected/audited accounts or annual report or Income/expenditure budge	et for current financial year		
\boxtimes	Terms of reference/constitution/group rules			
	Evidence of ownership/lease of buildings and/or land			
	new groups, only the group's terms of reference and a projected income and ring a period of 12 months is required.	expenditure budget		
7. D	eclaration (on behalf of organisation or group) – I confirm that			
⊠ TI	nis application meets all the funding criteria			
	ne information on this form is correct, that any award received will be spent pecified, that I will complete a monitoring form (if requested) following comp			
	a grant is received, I will provide copies of <u>all</u> receipts and invoices associa ovide information and photographs to demonstrate how the grant was spen			
	nat any other form of licence or approval for this project has been received p is grant application.	orior to submission of		
	nat the necessary policies and procedures will be in place prior to the commoject outlined in this application.	encement of the		
□ C	nild Protection Safeguarding Adults			
□ Public Liability Insurance □ Equal opportunities				
	Access audit			
□ P	lanning permission applied for (date) or granted (date)			
⊠ TI mate	nat acknowledgement will be given of Wiltshire Council support in any publi rial.	city, printed or website		
⊠ I	give permission for press and media coverage by Wiltshire Council in relation	on to this project.		
Nam	9:	Date: 28/11/2012		
Posit	ion in organisation: Chairman			
Pleas	ا se return your completed application to the appropriate Area Board Locality	Team (see section 3)		



Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2012/2013

To be completed by the Wiltshire Councillor leading on the project

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. Contact Details						
Area Board Name	Trowbridge Area	Board				
Your Name						
Contact number			e-mail			
2. The project						
Project Title/Name	Defibrillator					
Please tell us about the project /activity you want to organise/deliver and why? Important: This section is limited to 600 characters only (inclusive of spaces).	You only have minutes to save lives. A community defibrillator meets the needs of all users and the local ambulance service and is life saving. Defibrillaltors are a 'must have' for all public places with a high footfall. It would be accessible to the wider area - the town centre. Defibrillators are vital in any cardiac arrests. Over 80% of cardiac arrests that occur outside of hospitals are fatal. The Community Public accesses defibrillators - Automated External Defibrillator would be owned and maintained by the Icoal community. They are designed to be used by anyone					
Where is this project taking place?		Trowbridge . Th	rowbridge . The Park - The Civic Centrre			
When will the project take place?		March 2013 (when training and funding are in place				
What evidence is there that this project/activity needs to take place/be funded by the area board?		in the minutes b	efore the		ey of action in a cardiac arrecte arrives saves lives. In s (2008-9)	est -

How will the local community benefit?	The whole community/the surrounding parishes and visitors to Trowbridge will benefit by facility - the saving of lives			
Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description)	Yes - no defibrillator available			
Does this project link to the Community Plan or local priorities? (if so, please provide details)	Local ambulance Service Red Cross '			
What is the desired outcome/s of this project? To provide a community based defibrillator placed outside the Civic Centre with access for the community to use to save lives				
Who will be responsible for managing this project? The Town Clerk with the advice and support of Richard Schofield (Community Heartbeat) and local ambulance service				
3. Funding				
What will be the total cost of the project?	£ 2100			
How much funding are you applying for?	£ 2100			
If you are expecting to receive any other funding for your project, please	Source of Funding	Amount Applied For	Amount Received	
give details	x	xx	x	
	х	х	х	
	x	x	х	
Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account)				
4. Declaration – I confirm that				
☐ The information on this form is correct and that any grant received will be spent on the activities specified				
project outlined in this application	other approval for this project will be in	place before the	start of the	
Name:		Date: 04/12/2	2012	
Position in organisation: Wiltshire Councillor Please return your completed application to the appropriate Area Board Locality Team (see section 3)				
. ioaoo iotaini your completed applicat	ion to the appropriate Area Doald Local	ity rount 1366 3	oonon oj	