



Reference No

Log No

For Office Use

Community Area Grant Application Form 2010/2011

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

We strongly advise that you contact your Community Area Manager before completing your application.

1 - Your Organisation or Group

Name of Organisation	Jubilee Close & Haynes Road Selwood Tenants, Westbury		
Contact Name			
Contact Address			
Contact number		e-mail	
Organisation Type	Not for profit organisation <input checked="" type="checkbox"/> Parish/Town Council <input type="checkbox"/> Other, please specify A group of elderly tenants		

2 - Your Project

In which Community Area does your project take place? (Please give name – see section 3 of the grants pack)	Jubilee Close
Does your Town/Parish Council know about your project?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is your project? IMPORTANT: This section is limited to 300 characters only (inclusive of spaces).	To have some lighting in the trees on the estate over the Christmas period
Where will your project take place?	Jubilee Close
When will your project take place?	December 2010
How many people will benefit from your project?	All the residents
How does your project demonstrate a direct link to the Community Plan for your area? Please provide a reference/page no.	Because of the age and infirmities the tenants are not able to see or join in the town projects as it is an evening and dark

What is the link between your project and other local priorities? e.g. Priorities set by your Area Board and Parish Plans.

We do not get around to see the town illuminations and as we have some trees that are bare of leaves in the winter months the small decorative lights would be in keeping with those in the High Street

How did you discover there was a need for your project and how will your project benefit your local community?

IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1200 CHARACTERS ONLY (INCLUSIVE OF SPACES)

Through general conversation amongst the tenants at coffee or tea get together

Any other information about your project.

The group does not have a bank account so Westbury Town Council have agreed to hold the funds and purchase the lights on behalf of the group

3 - Management

How many people are involved in the management of your group/organisation?

Of these, how many are:

Over 50 years	Male	<input type="text" value="6"/>	Female	<input type="text" value="14"/>
25 – 50 years	Male	<input type="text"/>	Female	<input type="text"/>
Under 25 years	Male	<input type="text"/>	Female	<input type="text"/>
Disabled People	Male	<input type="text"/>	Female	<input type="text" value="All"/>
Black & Minority Ethnic people	Male	<input type="text"/>	Female	<input type="text"/>

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?

We shall continue to meet and try to raise small amounts of cash towards more in years to come

If you were not awarded the full amount requested, what would be the impact on your project?

We could not have these lights

How will you know whether your project has made a difference in the community?

The pleasure it will give over the Christmas tiem to the tenants

Have you contacted Charities Information Bureau for help with your application/ to seek funding?

Yes

No

To who have you applied for funding for this project (other than Wiltshire Council)?

None

Have you been successful?

Yes

No

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 ones.

Westbury Town Council will include in the instalation of the town lights

Are you in receipt or anticipating other funding from Wiltshire Council for this project?

Yes

No

4 - Information relating to your last annual accounts (if applicable)

Year Ending:

Month: December

Year: 2010

A - Total Income:

£40 from small raffle

B - Minus Total Expenditure:

£

Surplus/Deficit for year: (A minus B)

£

Free Reserves held:

£

5 - Financial Information

PROJECT COSTS A Please provide a <u>full</u> breakdown e.g equipment, installation etc.		PROJECT INCOME B Please list all sources of funding for this project, as provisional (P) or confirmed (C)	
	£		P/C
	£	Own Fundraising/Reserves	£40
	£		£
	£	Parish/Town Council	£
	£		£
	£	Trusts/Foundations	£
	£		£
	£	In Kind	£
	£		£
	£	Other	£
	£		£
	£		£
	£		£
	£		£
TOTAL PROJECT EXPENDITURE	£990	TOTAL PROJECT INCOME	£

Total Project Income B	£
Total Project Expenditure A	£990
Project Shortfall A – B	£990
Award sought from Wiltshire Council Area Board	£990
BANK DETAILS	
Please give the name of the organisations' Bank Account e.g. Barclays	
Please give the title name of the organisations' Bank Account e.g. current	

6 – Supporting Information – Please enclose the following documentation

Enclosed (please tick)

- Written quotes including the one you are going to use
- Latest inspected/audited accounts or Annual Report
- Income & expenditure budget for current financial year
- Project budget (if applicable)
- 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 - Equalities and Inclusion – Wiltshire Council is committed to ensuring that its work through the Area Boards benefits all sections of our community and promotes equality and inclusion. To assist us in assessing how your application aims to meet our commitment to equality and inclusion, please provide a brief answer to the following:

a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage?

b) How does your project work to promote inclusion, participation and good community relations?

It is the opportunity for the elderly to have a social get together

c) Is your project targeted at a specific group? If yes, please tick any of the following which apply

- Under 25's Over 50's
- Mostly or All Men/Boys Mostly or All Women/Girls
- Specific Minority Ethnic Groups (please state which groups)
- Specific Faith Groups (please state which groups)
- People/Families on low income
- Other disadvantaged groups (please state which groups)

8 - Declaration (on behalf of organisation or group) – I confirm that.....

- I have read 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 an award is received, 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 Environmental Impact
- Planning permission applied for (date) or granted (date)
- 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: 10/10/2010

Position in organisation:

Please return your completed application to the appropriate Area Board Locality Team