



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	LAVENDER FIELDS RESIDENTS ASSOCIATION (LAFRA)
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
2 - Your project	
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	TROWBRIDGE
Does your town/parish council know about your project?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
What is your project? Important: This section is limited to 300 characters only (inclusive of spaces).	SETTING UP OF INTERACTIVE WEBSITE AIMED AT IMPROVING A TWO WAY COMMUNICATION WITH RESIDENTS OF LAVENDER FIELDS ESTATES
Where will your project take place?	LAVENDER FIELDS ESTATES
When will your project take place?	FEB 2011
How many people will benefit from your project?	360 DWELLINGS
How does your project demonstrate a direct link to the community plan for your area? Please provide a reference/page no.	HOUSING & BUILT ENVIRONMENT p.7

What is the link between your project and other local priorities? e.g. Priorities set by your area board and parish plans.

LOCAL AGREEMENT FOR WILTSHIRE - BUILDING RESILIENT COMMUNITIES

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)

SEP 2010 AS PART OF AN OPERATIONAL REVIEW TO TAKE ACCOUNT OF THE CURRENT AND FUTURE FINANCIAL AND SOCIAL CONDITIONS. PRIMARILY THE PROJECT WILL ENABLE LAFRA TO SIGNIFICANTLY REDUCE OPERATING COSTS AND AT THE SAME TIME PROVIDE AN IMPROVED AND SECURE MEANS BY WHICH MEMBERS CAN COMMUNICATE WITH THE MANAGEMENT COMMITTEE.

Any other information about your project.

3 - Management

How many people are involved in the management of your group/organisation? 5

Of these, how many are:

Over 50 years

Male

Female

25 – 50 years

Male

Female

Under 25 years

Male

Female

Disabled People

Male

Female

Black and Minority Ethnic people

Male

Female

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

ONGOING COSTS WILL BE MET FROM FUNDRAISING AND ANNUAL SUPPORT FROM TROWBRIDGE TOWN COUNCIL.

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

THE PROJECT WOULD BE COMPLETED BECAUSE IT IS CENTRAL TO THE CONTINUING FUTURE OF LAFRA , BUT OTHER MORE DIFFICULT SAVINGS WOULD HAVE TO BE MADE.

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

BY CAREFULLY MONITORING THE RESPONSES AND THE USE MADE OF OF THE FACILITIES BY THE MEMBERS

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.

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: 2009

Month: DEC

Year: 2008/2009

A - Total income:

£700

B - Minus total expenditure:

£92

Surplus/deficit for year: (A minus B)

£608

Free reserves held:

£608

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
Software package inc domain for year 1	£57	Own fundraising/reserves	C £50
Paper and assessories	£5	Parish/town council	£
Technical help 2 days	£200		£
	£	Trusts/foundations	£
	£		£
	£	In kind	£
	£		£
	£	Other	£
	£		£
	£		£
	£		£
Total Project Expenditure	£262	Total Project Income	£50

Total project income B	£50
Total project expenditure A	£262
Project shortfall A – B	£212
Award sought from Wiltshire Council Area Board	£212
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 and 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?

THE WEBSITE WILL MAKE INFORMATION MORE ACCESSABLE TO MEMBERS IN MORE DETAIL

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

IMPROVED AND DETAILED INFORMATION AVAILABLE AT ALL TIMES

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: 30/10/2010

Position in organisation:

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