Item 9 Appendix 1



## 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 Tiddlywinks, Bur		bage Baby & Toddler Group				
organisation						
Contact name						
Contact address						
Contact number		e-mail				
Organisation type Not for profit or		ganisation 🛛 🛛 Parish/town council 🗌				
	Other, please s	pecify				
2 – Your project	2 – Your project					
In which community area does your project take place? (Please give name – see section 3 of the grants pack)		Pewsey				
Does your town/parish council know about your project?		Yes 🛛 No 🗌				
What is your project? Important: This section is limited to 300 characters only (inclusive of spaces).		Re-equiping Burbage Baby & Toddler Group with physical soft play equiment				
Where will your project take place?		Burbage Village Hall				
When will your project take place?		February 2011				
How many people will benefit from your project?		75 children and adults				
How does your project demonstrate a direct link to the community plan for your area?		Yes				
Please provide a reference/page no.		Resilient Communities				

What is the link between your project and other local priorities? e.g. Priorities set by your area board and							
parish plans.							
Burbage Parish Council supports local community groups and they have provided active support for our successful							
application for a lottery grant in 2009. The grant was for an extension to the local recreation ground to include toddler equiment. However, due to funding they cannot give financial help.							
	nung ney cannot gr	e maneial help.					
How did you discover there was a	need for your proje	ct and how will your project ben	efit your local				
community?							
Important: Please do not type in pa	aragraphs – This see	ction is limited to 1200 characte	rs only (inclusive of				
	spaces) The group identified a need for new physical play equipment when current equipment began to deteriorate.						
	We have also noticed that our membership has more recently been made up of babies due to a lack of						
equipment for active toddlers. We	believe physical pla	y is vital to promote a healthy li	festyle and we are				
seeking to increase the indoor opp							
	provides vital opportunities for parents, grandparents and carers to meet together, providing peer support, social opportunities and access to visiting professionals all of which can also help with Post Natal						
	Depression. The group provides free and structured play opportunities for children aged between 0 - 5yrs and the equipment will encourage physical, creative and social development. It is vital that this service is						
local in an area where public transport is infrequent. There are no other local facilities for children between							
0 - 2 and a half years so the group is vital for Burbage.							
Any other information about your p	rojoct						
	Jojeci.						
3 - Management							
C C							
How many people are involved in t	he management of	/our group/organisation?					
Of these, how many are:							
		[ _ ]					
Over 50 years	Male	Female					
25 – 50 years	Male	Female 6					
25 - 50 years							
Under 25 years	Male	Female					
Disabled People	Male	Female					
Black and Minority Ethnic people	Male	Female					
If your project is intended to contin	nue after the Wiltshi	re Council funding runs out, ho	w will you continue to				
fund it? The group is able to meet basic costs due to a weekly attendance fee which we endeavour to keep to a minimum.							
The group is able to meet basic costs		ndance lee which we endeavour t	o keep to a minimum.				

If you were not awarded the full amount requested, what would be the impact on your project?							
The toddler group would not have age appropriate physical indoor play equipment. Therefore, children attending would not have the same physical play opportunities and as a result , would be less healthy and lacking in gross motor skills. Ultimately less and less people will attend due to lack of resources.							
How will you know whether your project has made a difference in the community?							
Children will be actively involved with the	Children will be actively involved with the equipment and more families will join the group.						
Have you contacted Charities Information Bureau for help with your application/ to seek funding?	Yes 🗌 No	$\boxtimes$					
To who have you applied for funding for this project (other than Wiltshire Council)?	BEAM - Burbage Energy Action Management						
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	$\boxtimes$					
If yes, please state which ones.							
Are you in receipt or anticipating other funding from Wiltshire Council for this project?	Yes 🗌 No	$\boxtimes$					
4 - Information relating to your last annual accounts (if applicable)							
Year ending: 2010	Month: 03	<b>Year:</b> 2010					
A - Total income:	£40809.82						
B - Minus total expenditure:	<b>£</b> 39,798.88						
Surplus/deficit for year: (A minus B)	£1010.94						
Free reserves held:	£						

Project Costs A Please provide a <u>full</u> breakdown e.g. equipment,		Project Income B Please list all sources of funding for this project, as		
installation etc.		provisional (P) or confirmed (C)		
Play Equipment	<b>£</b> 1,120	Own fundraising/reserves	P/C	<b>£</b> 220
Flay Equipment	£1,120	Own fundraising/reserves		£220
	£	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£	Other		£350
	£			£350 £
	£			£
	- £			£
	£			£
Total Project Expenditure	£1,120	Total Project Income		£ £570
	£1,120	Total Project Income		2370
Total project income B		£570		
Total project expenditure A		£1,120		
Project shortfall A – B		£550		
Award sought from Wiltshire Cou	£550			
Bank Details				
Please give the name of the organ account e.g. Barclays	isations' bank			
Please give the title name of the o bank account e.g. current	rganisations'			
6 – Supporting information	– Please enclo	ose the following document	ation	
Enclosed (please tick)				
Written quotes including the or	ne you are going to	) use		
Latest inspected/audited acco	unts or annual rep	ort		
Income and expenditure budg	et for current finar	icial year		
Project budget (if applicable)				

- 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:				
<ul> <li>a) How does your project work to either (a) promote equality and access to services/facilities, and/or</li> <li>(b) reduce disadvantage?</li> </ul>				
The group is open to everyone in the area caring for children between the ages of 0 - 5yrs. Parents, grandparents and carers are diverse in age. We encourage local retired people to volunteer and have a strong team of 8 at present which is rises for events. We have an Equal Opportunities Policy.				
b) How does your project work to promote inclusion, participation and good community relations?				
The equipment we have selected provides opportunities for children of a range of ages and abilities. We will draw higher attendance figures with a wider range of equipment.				
c) Is your project targeted at a specific group? If yes, please tick any of the following which apply				
Under 25's Dver 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 - low weekly fees ensures this				
Other disadvantaged groups (please state which groups) people in isolated rural areas				
8 - Declaration (on behalf of organisation or group) – I confirm that				
$oxed{ imes}$ 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: 21/11/2010				
Position in organisation:				
Please return your completed application to the appropriate Area Board Locality Team				