

Reference no

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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	WHITE PAPISH VILLAGE HAZE					
Contact name						
Contact address						
Contact number		e-mail				
Organisation type	Not for profit or	Not for profit organisation 🗵 Parish/town council 🗌				
	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)		REPAIRS TO VILLAGE HALL ROOF - WHICH IS LEAKING RAIN INTO KITCHEN AREA.				
Does your town/parish council know about your project?		Yes No 🗆				
What is your project? Important: This section is limited to		TO REPAIR ROOF WHERE IT IS HUDWING, RAIN INTO HAM.				
300 characters only (inclusive of spaces).						
Where will your project take place?		WHITE PARISH.				
When will your project take place?		ASSOON AS BUILDER IS GIVEN OK. PROBABLY - 2-4 WREKS				
How many people will benefit from your project?		ALL HALL USERES - (Approx 1000).				
How does your project demonstrate a direct link to the community plan for your area?		IMPROVEMENT OF FACILITY FOR				
Please provide a reference/page no.						

What is the link between your project and other local priorities? e.g. Priorities set by your area board and					
parish plans. No LINK.					
WO LINK.					
U did you dissover there was a r	need for your project and how will your project benefit your local				
community?					
Important: Please do not type in pa spaces)	aragraphs – This section is limited to 1200 characters only (inclusive of				
Danie and					
NHAN CHME IN	V TO HOW VIA ROOF DAMAGE.				
Any other information about your p	project.				
,					
3 - Management					
	the management of your groun/organisation?				
Of these, how many are:	the management of your group/organisation? COMMITTAR OF 12.				
Over 50 years	Male S Female 4				
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?					
fund it? By HIRR CHARGES OF HALL					
1					

If you were not awarded the full amount requested, what would be the impact on your project?							
THE WORK WOULD HAVE TO BE DONE AND RIN							
COSTS MRT BY HALL RESERVE FUNDS							
57 HALL KESKERUE TONDS							
How will you know whether your project has made a difference in the community?							
USFRES WILL STOP COMPLAINING.							
Have you contacted Charities Information Bureau for help with your	Yes	No					
application/ to seek funding?							
To who have you applied for funding	VONE.						
for this project (other than Wiltshire Council)?	NUNIZ,						
Have you been successful?	Yes	No	<u> </u>				
		No	/				
Have you or do you intend to apply for a grant from another area board	Yes	No					
within this financial year?							
If yes, please state which ones.							
Are you in receipt or anticipating	Yes 🗆	No	P				
other funding from Wiltshire Council		140					
for this project?							
4 - Information relating to your last annual accounts (if applicable)							
Year ending: 2009	Month:		Year:				
A - Total income:	£5853						
B - Minus total expenditure:	£4973						
Surplus/deficit for year: (A minus B)	£ 880						
Free reserves held:	£22 DO AMO AZEL +3 NEW LAND						

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			
TOAKLRY QUETR	£2/15	Own fundraising/reserves		£ 1200		
9041	£			£		
	£	Parish/town council		£		
	£			£		
	£	Trusts/foundations		£		
	£			£		
	£	In kind		£		
	£	Other		£		
	£	Other		£		
	£			£		
	£		-	£		
	£		-	£		
Total Project Francistrus		Total Project Income	-	£		
Total Project Expenditure	£2115	Total Project Income		L		
Total project income B		£				
Total project expenditure A		£				
Project shortfall A – B		£				
Award sought from Wiltshire Council Ar	ea Board	£950				
Bank Details						
Please give the name of the organisation account e.g. Barclays						
Please give the title name of the organis 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 Own NF2S/HP IS PARISH COUNCIL						
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 ens through the Area Boards benefits all sections of our community an and inclusion. To assist us in assessing how your application aims commitment to equality and inclusion, please provide a brief answer	d promotes equality s to meet our			
a) How does your project work to either (a) promote equality and access to (b) reduce disadvantage?	services/facilities, and/or			
VILLAGE HAR IS AVAILABLE FOR ALL GROUPS				
b) How does your project work to promote inclusion, participation and good	d community relations?			
ther ARh RXCiusions.	,			
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	N .			
☐ 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 specified, that I will complete a monitoring form (if requested) following comp				
☑ 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 this 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)				
That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.				
☑ give permission for press and media coverage by Wiltshire Council in relation to this project.				
Name:	Date:			
Position in organisation:	20/1/11			
Please return your completed application to the appropriate Area Board Locality	Team			