Wiltshire Council Where everybody matters Reference no

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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 organisat | tion or group | | | | |
|--|-------------------|---|-----------|------------------|--|
| Name of Wiltshire British | | Armed Forces and | d Veterai | ans Celebrations | |
| organisation | | | | | |
| Contact name | | | | | |
| O a untra a tra a daduce a a | | | | | |
| Contact address | | | | | |
| Contact number | | | e-mail | | |
| Organisation type | Not for profit or | ganisation 🛛 | Parish/ | n/town council 🗌 | |
| | Other, please s | pecify | | | |
| 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 🛛 | No 🗌 | | |
| What is your project? Important: This section is limited to 300 characters only (inclusive of spaces). | | Re-enactors March/ Parade - the groups (from past conflicts ranging from WW1 to more recent) would in full uniform, with military vehicles and music march through the streets of Trowbridge past nursing homes, residential homes, sheltered housing, alms houses and areas with elderly resdidents. | | | |
| Where will your project take place? | | Trowbridge streets | | | |
| When will your project take place? | | Friday 24 June 2011 | | | |
| How many people will benefit from your project? | | 2000+ | | | |
| How does your project demonstrate a direct link to the community plan for your area? | | This will increase residents awareness of the culture ie history of the area and ensure inclusion of the more vulnerable residents of the district. | | | |
| Please provide a refe | rence/page no. | | | | |

| What is the link between your proje parish plans. | ect and other loo | cal priorities? e | e.g. Priorities set by your area board and | | | | |
|--|--|-------------------|---|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| How did you discover there was a r community? Important: Please do not type in pa | | - | | | | | |
| Important: Please do not type in paragraphs – This section is limited to 1200 characters only (inclusive of spaces) | | | | | | | |
| Following on from discussions with older members of the community (in groups and individually) I discovered that they have snatches of memories of the War eras but due to their infirmities feel very isolated and unable to visit the Museum to see displays or the actual event in the Park. We would like to ensure inclusion of this vulnerable group in a safe manner and on speaking to Living History Groups they felt that this would be an ideal way of showing respect and enabling them to take pride in their | | | | | | | |
| achievements whether at home or actually in the conflicts abroad. This Parade will enable them to recall their memories, pass them on to families and hopefully also the Committee in interviews and discussions The carers and families will benefit from the increased level of response from the elderly and this will then improve the guality of life for all concerned and will decrease their need for extra support even if only for a | | | | | | | |
| short while. | | | | | | | |
| | | | | | | | |
| activity will enable even more of our n | y new addition to nore vulnerable o | community mem | d Forces and Veterans Celebrations. This bers to join in the activities of the county town ves and their past but also the town's current | | | | |
| | | | | | | | |
| 3 - Management | | | | | | | |
| How many people are involved in the Of these, how many are: | ne management | t of your group | organisation? | | | | |
| Over 50 years | Male 12 | Female | 2 | | | | |
| 25 – 50 years | Male 3 | Female | | | | | |
| Under 25 years | Male | Female | | | | | |
| Disabled People | Male 1 | Female | | | | | |
| Black and Minority Ethnic people | Male |] Female | | | | | |
| | |] | | | | | |
| fund it? | | | funding runs out, how will you continue to funded from elsewhere in future years. | | | | |
| | | | | | | | |

| If you were not awarded the full amount requested, what would be the impact on your project? | | | | | | | |
|--|-----------|--------------------|--|--|--|--|--|
| Without the money for stewards we would not be able to include as many establishments as we would like and so many elderly, vulnerable members of Trowbridge would miss out on the recollections that will be brought to mind as the Re-enactors march past. | | | | | | | |
| | | | | | | | |
| How will you know whether your project has made a difference in the community? | | | | | | | |
| From feedback from the Homes, Staff, carers, families and the elderly themselves. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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)? | N/A | | | | | | |
| | | | | | | | |
| 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 | \boxtimes | | | | | |
| 4 - Information relating to your last annual accounts (if applicable) | | | | | | | |
| Year ending: 09/10 | Month: 09 | Year : 2010 | | | | | |
| A - Total income: | £17965.90 | | | | | | |
| B - Minus total expenditure: | £16915.86 | | | | | | |
| Surplus/deficit for year: (A minus B) | £994.82 | | | | | | |
| Free reserves held: | £nil | | | | | | |

| 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 | | |
| Stewards | £ 576 | Own fundraising/reserves | | £ | |
| | £ | | | £ | |
| First Aid | £108 | Parish/town council | | £ | |
| Publicity | £175 | Truche Kennedetieren | | £ | |
| Road signs/ barriers | £120 £ | Trusts/foundations | | £ | |
| | £ | In kind | | £ | |
| | £ | Volunteer stewards | р | £160 | |
| | £ | Other | P | £ | |
| | £ | | | £ | |
| | £ | | | £ | |
| | £ | | | £ | |
| | £ | | | £ | |
| Total Project Expenditure | £ 979 | Total Project Income | | £ | |
| Total project income B Total project expenditure A | | £ 160 £ 979 | | | |
| | | | | | |
| Project shortfall A – B | | £819 | | | |
| Award sought from Wiltshire Counc | il Area Board | £ 819 | | | |
| Bank Details | | | | | |
| Please give the name of the organis account e.g. Barclays | ations' bank | | | | |
| Please give the title name of the org bank account e.g. current | anisations' | | | | |
| 6 – Supporting information – | Please enclo | ose the following document | ation | | |
| Enclosed (please tick) | | | | | |
| Written quotes including the one | you are going to | ouse | | | |
| Latest inspected/audited accour |] Latest inspected/audited accounts or annual report | | | | |
| Income and expenditure budget | for current finar | icial year | | | |
| Project budget (if applicable) | | | | | |
| Terms of reference/constitution/ | group rules | | | | |
| | | | | | |

| 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/o (b) reduce disadvantage? | r | | | |
| This project serves both by including the vulnerable/ isolated group and allows them to take part in the event in the best way possible for them and their carers. | | | | |
| b) How does your project work to promote inclusion, participation and good community relations? | | | | |
| By enabling these residents to take part in this special March to Remember and to meet many Living History Groups who are very keen to show respect , to gain recollections from them and to allow them to take pride in their past. | | | | |
| 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) Elderly | | | | |
| 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 | | | | |
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| project outlined in this application. Child Protection Public Liability Insurance | | | | |
| project outlined in this application. | | | | |
| 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 | | | | |
| 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. | | | | |
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