

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 organisat	ion or group				
		nderers Youth Football Club			
organisation Contact name					
Contact name					
Contact address					
Contact number		e-mail			
Organisation type Not for profit o		rganisation 🛛 Parish/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)		Studley Green, 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).		The necessary refurbishment of shower facilities at the playing fields. The electric shower system is now not available due to age and wear and tear.			
Where will your project take place?		Lambrok Road Playing Field Changing Rooms.			
When will your project take place?		April 2011			
How many people will benefit from your project?		3500			
How does your project demonstrate a direct link to the community plan for your area?		Improving leisure facilities within the town			
Please provide a reference/page no.		Ref 3. Page 8			

What is the link between your project and other local priorities? e.g. Priorities set by your area board and parish plans. The provision of showers will allow Trowbridge Wanderers to play more games on site, enter more leagues as home ground will be FA site criteria, as well as increase training capabilities on the site thus attracting more younger players.						
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) The problem with the showers has been consistant for the past two seasons, initially the problem was sporadic however, now the system is totally inoperable. The current system is very dated and enfringes on health & safety legislation in their current state. Until the showers are replaced the club no longer meet FA site criteria and are compromising Trowbridge Wanderers ability to continue to play at league level. The project will benefit the community by extending the site usage, offering an FA approved standard facility, encourage more young players to the team and set a benchmark facility upon comparison to other facilities in the town.						
Any other information about your project. We strongly believe that this improvement on-site will benefit the community, alongside this project we are planning a program to attract more players of a younger age group. Trowbridge Wanderers currently have 180 under sixteen players from 4 years old upwards. We currently have 16 individual teams in this age range, for both boys and girls and we would like to attract more players by promoting this improvement. It is proposed that a gas run system is fitted to replace the electric showers which would become more cost effective on utility bills. Electric showers can be left running therefore wasting water whereas the gas system will be fitted with a single push button which is timed at about 3 mins each. Over the course of a year this should provide significant savings.						
3 - Management						
How many people are involved in the Of these, how many are:	ne management of	f your group/organisation?				
Over 50 years	Male 2	Female				
25 – 50 years	Male 12	Female 4				
Under 25 years	Male 2	Female Female				
Disabled People	Male	Female Female				
Black and Minority Ethnic people	Male	Female				
fund it?		hire Council funding runs out, how will you continue to a replacement this facility will be monitored and maintained				

If you were not awarded the full amoun	t requested, what v	voul	d be the impact on your project?
The project would not be able to proceed v	without the funding f	rom	Area Board.
How will you know whether your project	t has mado a diffo	ronc	o in the community?
			ugh further training and new members to the
club.	ne dee er are raemty		
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)?			
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 la	st annual acco	unts	s (if applicable)
Year ending: 20010	Month:		Year: 2009/2010
A - Total income:	WOILLI.		1 ear. 2009/2010
A - Total income.	£ 41,656		
B - Minus total expenditure:	£ 40,311		
Surplus/deficit for year: (A minus B)	£1,345		
Free reserves held:	£1,345		

Project Costs A Please provide a <u>full</u> breakdown e.g. e	quipment,	Project Income B Please list all sources of fundi		is project, as		
installation etc.	provisional (P) or confirmed (C		-			
			P/C			
Total cost of works	£11,638	Own fundraising/reserves		£		
	£	Parish/town council		£		
	£	Parish/town council	С	£6,638		
	£	Trusts/foundations		£		
	£			£		
	£	In kind		£		
	£			£		
	£	Other		£		
	£			£		
_	£			£		
	£			£		
Total Decidat Franco differen	£	Total Design to be a second		£		
Total Project Expenditure	£11,638	Total Project Income		t		
Total project income B		£6,638				
Total project expenditure A		£11,638				
Project shortfall A – B		£5,000				
Award sought from Wiltshire Council	Area Board	£5,000				
Bank Details						
Please give the name of the organisati account e.g. Barclays	ions' bank					
Please give the title name of the organ bank account e.g. current	isations'					
6 - Supporting information - Pl	ease enclo	se the following document	ation			
Enclosed (please tick)						
Written quotes including the one you	u are going to	use				
□ Latest inspected/audited accounts or annual report						
☐ Income and expenditure budget fo	r current finan	cial year				
Project budget (if applicable)						
Terms of reference/constitution/gro	•					
Evidence of ownership/lease of bui						
For new groups, only the group's term covering a period of 12 months is requ		e and a projected income and ex	penditur	e budget		

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?
Trowbridge Wanderers Football Club is responsible for setting standards and values to apply throughout the club at every level. Football belongs to and should be enjoyed by everyone, equally.
b) How does your project work to promote inclusion, participation and good community relations?
Equality of opportunity at Trowbridge Wanderers Football Club means that in all our activities we will not discriminate or in any way treat anyone less favourably, on grounds of sex, sexual orientation, race, nationality, ethnic origin, colour, religion or disability.
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
☐ 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)
\boxtimes 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:
Position in organisation:
\blacksquare