

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							
Name of organisation	The Trowbridge County Town Initiative						
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Not for profit organisation 🖂		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)		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).		Support for marketing literature and promotional evening to promote attract members to the Initiative					
Where will your proje	ct take place?	? Trowbridge					
When will your projec	ct take place?	April 2011					
How many people wil your project?	I benefit from	up to 20,000					
How does your project a direct link to the cofor your area?		The project relates directly to economy, including tourism and employment by strengthening the commercial links to Trowbridge.					
Please provide a refe	rence/page no.	Reference 1, page 6					

	ct and	other lo	cal priorities?	e.g. Priorities set by your area board and		
parish plans. Working in partnership to improve the overall facilities and bringing a vibrant atmosphere to the town centre benefitting the town and its community overall.						
beneficing the town and its community	/ Overall	ı.				
How did you discover there was a r	and for	Y VOLUE DE	rainat and how	will your project benefit your local		
			-	ited to 1200 characters only (inclusive of		
spaces) The need for the Trowbridge Count	y Town	Initiativ	e was identifie	ed by a large number of residents and		
retailers concerned about Trowbridge town and the lack of variety of shopping opportunities. The group is comprised of retailers and commercial businesses in the town, seeking to improve the overall appearance and commercial and services appeal of Trowbridge. By implemeting these improvements it is believed that more larger, mid sized and independent retailers will be attracted to Trowbridge Town Centre to improve the shoppers experience - thus attracting more visitors to Trowbridge and raising the towns profile as the county town of Wiltshire. With some 45% of the towns retailers comprising of residents these potential improvements will benefit residents directly, encouraging said residents to appreciate the town centre and utilise it facilities more readily, improving the 'community spirit'.						
We are applying for funding to promote the group as a whole, encouraging membership and promoting participation by potential partners.						
Any other information about your n	roicot					
Any other information about your p The objectives of the Initiative are:	-					
				nts, traders, businesses and service providers vices. To develop effective and accountable		
relationships and strategies between \	Wiltshire	e Council	l, Trowbridge To	own Council, other service providers and town tate all traders and businesses to adopt a		
sense of ownership of the town centre	through	h the visu	ual appearance	of their business and locality. To encourage		
and deliver physical improvements to the environment of the town centre as part of an over-arching strategy (e.g. finding temporary uses for vacant development sites, screening or removal of eyesores, improving legibility, accessibility, orientation around the town centre and improving the physical fabric of the streetscene etc.). Actively promoting Trowbridge to potential						
3 - Management						
•						
How many people are involved in the management of your group/organisation? Of these, how many are:						
Over 50 years	Male	2	Female	1		
25 – 50 years	Male	8	Female 3			
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? The project will be maintained by membership and alternative funding streams/sponsorship.						

If you were not awarded the full amount requested, what would be the impact on your project?				
The Initiative would not be able to attract membership, promote the aims and objectives and without these vital elements the already pro-active board would be forced to abandon the group.				
How will you know whether your project	t has made a differe	nce	e in the community?	
The success of the project will be guaged	by the improvements	imp	plemented by the group and its membership	
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)?	Trowbridge Town Council Grant			
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 🗌 💮 N	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:	Month:		Year:	
A - Total income:	£			
B - Minus total expenditure:	£			
Surplus/deficit for year: (A minus B)	£			
Free reserves held:	£			

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			
Board Meeting facilities	£ 195	Own fundraising/reserves		£		
Advetorial half page	£444			£		
Membership reception	£300	Parish/town council		£		
	£			£		
	£	Trusts/foundations		£		
	£	La Line d		£		
	£	In kind		£		
	£	Other		£		
	£	Other		£		
	£			£		
	£			£		
	£			£		
Total Project Expenditure	£939	Total Project Income		£		
Total project income B		£				
Total project expenditure A		£ 939				
Project shortfall A – B		£939				
Award sought from Wiltshire Council Ar	ea Board	£939				
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)						
Latest inspected/audited accounts or annual report						
☐ 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 equal 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	ity :				
 a) How does your project work to either (a) promote equality and access to services/facilities, an (b) reduce disadvantage? 					
The group is open to all commercial businesses within Trowbridge, thus encouraging access to service and facilities.	The group is open to all commercial businesses within Trowbridge, thus encouraging access to services and facilities.				
b) How does your project work to promote inclusion, participation and good community relations	?				
The group encourages communication between both the commercial element, the Town and County Council as well as residents of the town seeking to improve Trowbridge as a whole.					
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.	f				
☐ 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)					
$oxed{oxed}$ 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: 31/01/2011					
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality Team					