

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	tion or group					
Name of	GLOVERS' COURT AMENITY GROUP					
organisation						
Contact name						
Contact address						
Contact number			e-mail	1		
Organisation type	Not for profit or	Not for profit organisation 🛚		h/town council		
Other, pleas		specify				
2 – Your project						
In which community project take place? (Finame – see section 3 pack)	GLOVERS' COURT RESIDENTS' LOUNGE (photos attached)					
Does your town/paris						
know about your proj	ject?	Yes □ No ⊠				
What is your project? Important: This section is limited to 300 characters only (inclusive of		BLACK-OUT SLATTED BLINDS FOR LOUNGE TO ENABLE ILLUSTRATED TALKS AND FILMS TO BE SHOWN.				
spaces).						
Where will your proje	ct take place?	GLOVERS' CO	JRT (LO	OUNGE)		
When will your project take place?		AS SOON AS POSSIBLE (ONGOING)				
How many people will benefit from your project?		26 RESIDENTS + HUDSON RD/LOCAL CLUBS				
How does your project demonstrate a direct link to the community plan for your area?		LIFE-LONG LEARNING/ENTERTAINMENT FOR RESIDENTS AND LOCAL CLUBS INCLUDING HANDICAP CLUB IMPROVING QUALITY OF LIFE AND CULTURAL OPPORTUNITIES p12/16.				
Please provide a refe	rence/page no.					

	ct and other local pr	oriorities? e.g. Priorities set by your area board and				
parish plans. IMPROVED ENVIRONMENT, HEALTH AND WELL-BEING FOR ELDERLY AND VULNERABLE RESIDENTS + DISABLED (MONDAY CLUB). SUSTAINABLE PROJECT OF SIGNIFICANT LOCAL BENEFIT.						
How did you discover there was a rommunity?	eed for your project	ct and how will your project benefit your local				
Important: Please do not type in pa spaces)	•	ction is limited to 1200 characters only (inclusive of				
REQUESTS OVER MANY MONTHS BY RESIDENTS AND CLUBS FOR VARIED PROGRAMME OF EVENTS INCLUDING ILLUSTRATED TALKS AND CULTURAL ACTIVITIES.						
A Ab information about						
	ED AND WILL ENCO	OURAGE GREATER USE OF THE LOUNGE AND				
INTERACTION WITH BOTH YOUNG	AND OLD IN THE CO	OMMONITY.				
3 - Management						
How many people are involved in the Of these, how many are:	ie management of ye	our group/organisation?				
Over 50 years	Male 1	Female 7				
25 – 50 years	Male	Female				
Under 25 years	Male	Female Female				
Disabled People	Male	Female Female				
Black and Minority Ethnic people	Male	Female				
If your project is intended to contin	ue after the Wiltshire	re Council funding runs out, how will you continue to				
fund it? N/A. ONE-OFF PAYMENT ONLY		- · · · · · · · · · · · · · · · · · · ·				

If you were not awarded the full amoun	t requested, what v	voul	d be the impact on your project?		
IT WOULD TAKE LONGER TO IMPLEME	NT.				
How will you know whether your project	t has made a diffe	renc	e in the community?		
FEEDBACK FROM RESIDENTS AND GR Court Garden Project which we began in M	ROUPS / INCREASED USE OF THE LOUNGE (Example: The Glovers'				
, -	,				
Have you contacted Charities Information Bureau for help with your application/ to seek funding?	Yes 🛚	No			
To solve he was a source that for four the solve	0.4 5 5 11 1 4 1 1 0 0 1 4 1	41 -			
To who have you applied for funding for this project (other than Wiltshire Council)?	CARNIVAL COMMITTEE WESTLEA				
Council)?					
Have you been successful?	Yes 🛚	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			
other funding from Wiltshire Council for this project?					
4 - Information relating to your la	st annual acco	unts	(if applicable)		
Year ending: N/A	Month:		Year:		
	WOILLI.		i cai.		
A - Total income:	£N/A				
B - Minus total expenditure:	£N/A				
Surplus/deficit for year: (A minus B)	£N/A				
Free reserves held:	£N/A				

Project Costs A Please provide a <u>full</u> breakdown e.g. equinstallation etc. PROJECT COST INCL VAT	£810	Project Income B Please list all sources of fundi provisional (P) or confirmed (0		e project as			
PROJECT COST INCL VAT			Please list all sources of funding for this project, as				
PROJECT COST INCL VAT			P/C				
		Own fundraising/reserves		£200			
(QUOTE INCLUDED)	£	CARNIVAL COMMITTEE		£232			
	£	Parish/town council		£			
	£			£			
	£	Trusts/foundations		£			
	£	In kind		£			
	£	III KING		£			
	£	Other		£			
	£	WESTLEA		£100			
	£			£			
	£			£			
	£			£			
Total Project Expenditure £		Total Project Income		£532			
Total project income B	£532						
Total project expenditure A		£810					
Project shortfall A – B		£278					
Award sought from Wiltshire Council Ar	ea Board	£278					
Bank Details							
Please give the name of the organisations' bank account e.g. Barclays		HSBC, HIGH STREET, MALMESBURY.					
Please give the title name of the organis bank account e.g. current	GLOVERS' COURT AMENITY FUND						
6 - Supporting information - Ple	ase enclo	se the following document	ation				
Enclosed (please tick)							
Written quotes including the one you	are going to	use					
Latest inspected/audited accounts o	r annual repo	ort					
☐ Income and expenditure budget for o	current finan	cial year					
Project budget (if applicable)							
Terms of reference/constitution/grou							
Evidence of ownership/lease of build							
For new groups, only the group's terms covering a period of 12 months is requi		e and a projected income and ex	penditure	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? 				
OPPORTUNITIES FOR ELDERLY, DISABLED AND VULNERABLE ADULTS TO ENJOY ACTIVE, INCLUSIVE, SOCIAL AND CULTURAL ACTIVIES AND MAKE FRIENDS.				
b) How does your project work to promote inclusion, participation and good community relations?				
BY ENCOURAGING AND CREATING OPPORTUNITIES FOR RESIDENTS AND CLUBS TO MIX WITH OTHERS IN THE COMMUNITY INCLUDING YOUNG PEOPLE.				
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.				
☐ 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				
☐ Planning permission applied for (date) or granted (date)				
☐ 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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 ☑ 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. 				