Reference no

Log no

For office use

Section 4



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	Zeals Parish Co	uncil					
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Parish Cour	ncil					
2 – Your project	2 – Your project						
In which community area does your project take place? (Please give name – see section 3 of the grants pack)		South Locality - South West Wiltshire					
Does your town/parish council know about your project?		Yes					

What is your project?	Installation of Community Public Access Defibrillator
Important: This section is limited to 300 characters only (inclusive of spaces).	installation of confindinty rublic Access Delibrillator
Where will your project take place?	Central Zeals
When will your project take place?	Mid 2011
How many people will benefit from your project?	Community members with specific need
How does your project demonstrate a direct link to the community plan for your area?	Internal decision – no direct link
Please provide a reference/page no.	
What is the link between your project parish plans.	and other local priorities? e.g. Priorities set by your area board and

None, apart from improving community facilities.

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)						
•	Heartbeat Tru	rust and the installation of a similar facility in a neighbouring village				
Any other information about your pro	-,					
3 - Management						
How many people are involved in the Of these, how many are:	managem	ment of your group/organisation?				
Over 50 years	Male 4	Female 2				
25 - 50 years	Male	Female 1				
Under 25 years	Male	Female				
Disabled People	Male	Female				
Black and Minority Ethnic people	Male	Female				

If your project is intended to continue a fund it?	ifter the	e Wiltsh	ire C	Council funding runs out, how will you continue to
From Parish precept				
If you were not awarded the full amoun	t reque	sted, w	hat w	would be the impact on your project?
None, apart from financial				
How will you know whether your project	t has m	nade a d	differ	rence in the community?
Time will tell				
Have you contacted Charities				
Information Bureau for help with your application/ to seek funding?		N	0	
To who have you applied for funding for this project (other than Wiltshire	No			
for this project (other than Wiltshire Council)?				
Have you been successful?	Yes	N/A		No

Have you or do you intend to apply for a grant from another area board within this financial year? If yes, please state which ones.	No			
Are you in receipt or anticipating other funding from Wiltshire Council for this project?	No			
4 - Information relating to your last annual accounts (if applicable)				
Year ending:	Month:	Year:		
A - Total income:	£ N/A			
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			
AED Ready Kit excl 7 year support option	£1716	Own fundraising/reserves		£	
Ready Kit Plus	£ 10			£	
Delivery	£ 25	Parish/town council		£951	
Installation (estimated)	£ 150			£	
	£	Trusts/foundations		£	
	£			£	
	£	In kind		£	
	£			£	
	£	Other		£	
	£			£	
	£			£	
	£			£	
	£			£	
Total Project Expenditure	£1901	Total Project Income		£951	
Total project income B		£951			
Total project expenditure A		£1901			
Project shortfall A – B		£950			
Award sought from Wiltshire Council Area Board		£950			
Bank Details					
Please give the name of the organisations' bank account e.g. Barclays		Lloyds TSB, Gillingham, Dorset			
Please give the title name of the organisations' bank account e.g. current		Zeals Parish Council			

6 - Supporting information - Please enclose the following documentation

Enclosed (please tick)

Written quotes including the one you are going to use - Follows by separate message

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

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 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?

Available to all members of the community

b) How does your project work to promote inclusion, participation and good community relations?

As in (A) above

 c) Is your project targeted at a specific group? If yes, please tick any of the following which apply No

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 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.

I give permission for press and media coverage by Wiltshire Council in relation to this project.

06.02.2011			

Date: 06.02.2011