Section 4



Item No. 14
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Community Area Grant Application Form 2011/2012

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

For larger projects we strongly advise you to contact Charities Information Bureau three months before you approach the area board. (See Section 2 for contact details)

Please contact your Community Area Manager before completing your application (See Section 3 for contact details)

1. Your organisat	ion or group					
Name of	Wiltshire Fire & Rescue Service					
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit or	rganisation 🗌	Parish/town counc	:il [
	Other, please specify Fire & Rescue service					
2. Your project						
Project Title/Name	Salamander					
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	The Salamander Project is a youth inclusion initiative aimed at young people who are offenders, at risk of offending, risk of exclusion, low in confidence or in need of team building skills. The project shows the young people what skills are required to be a fire fighter and to use the equipment safely as a team. It also covers arson reduction and road safety inputs.					
In which community project take place? (<i>I name</i> – see section 3 pack)	Please give	Salisbury				
I/we have discussed with the town/parish		Yes 🗌	Date	No x□		
I/we have discussed with our Wiltshire co		Yes 🗌	Date	No x□		

Where will your project take place?	Salisbury Fire Station				
When will your project take place?	T.B.A.				
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	for your project (please and ASB panels. The scheme has been evaluated by Wiltshire Council Youth Section and is shown to be an effective intervention enabling you people to become more confident, reduce Anti-social- behaviour and				
Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)					
How many people will benefit from your project?	Up to 15 per course				
How does your project demonstrate a direct link to the local community plan for your area? www.wiltshire.gov.uk/areaboards Please provide a reference/page no. To be completed ONLY where to	own/parish councils are making a	n applicatio	n		
			No x□		
Could your project be funded from yo	ur reserves?	Yes	No x		
Is your project urgent (having to be co answer YES please provide evidence	Yes 🗌	No x			
Any other information about your pro	ject.				

3. Management						
How many people are involved in the management of your group/organisation? Of these, how many are:						
Over 50 years	Male		Female			
25 - 50 years	Male	5	Female	2		
Under 25 years	Male		Female			
Disabled People	Male		Female			
Black and Minority Ethnic people	Male		Female			
If your project is intended to continufund it? Funding being sought from other organ			tshire Council 1	funding rur	ns out, how will yo	ou continue to
How will you know whether your project has made a difference in the community? What evidence will be collected to enable you to know that the project has made a positive impact on your community and met the local need? Reduction in ASB and or offending coupled with increased confidence in participants.						
Have you contacted Charities Information Bureau for help with you application/ to seek other funding?	ur Ye	es 🗌	Date		ı	No x□
To whom have you applied for funding for this project (other than Wiltshire Council)?	Na	ame of F	under		Amount Applied For	Amount Received
Please <u>list</u> with amount applied for and whether you have been successful						
Have you or do you intend to apply for a grant from another area board within this financial year?	Ye	es x	No 🗆]	•	
If yes, please state which one(s).	Ar	Amesbury, Southern and South West Wilts.				
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project		es x□	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 currently held:	£					
5. Financial information – <i>If you c</i>	an claim ba	ck V.A.T.	please exclude from	figures	given below	
Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc.	uipment,	provisional (P) or confirmed (C)			project, as	
Course Provision including staffing and	4,000.00	Own fund	draising/reserves	P/C	£	
food	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 111 11			
	£				£	
	£	Parish/to	wn council		£	
	£				£	
	£	Trusts/fo	undations		£	
	£				£	
	£	In kind			£	
	£				£	
	£	Other			£1500.00	
	£				£	
	£				£	
	£				£	
Total Project Expenditure	£ 4,000.0	Total Pro	ject Income		1500.00	
Total project income B		£1500.00				
Total project expenditure A	£4000.00					
		£2500.00				
Project shortfall A – B						
Grant sought from Wiltshire Council Area Board		£800.00				
Bank Details						
Please give the name of the organisation account e.g. Barclays	ons' bank					
Please give the title name of the organisations'						

bank account e.g. current					
6. Supporting information – Please enclose <u>all</u> the following documendo so may lead to a delay in your application being considered	ntation as failure to				
Enclosed (please tick)					
☐ Written quotes including the one(s) you are going to use					
Latest inspected/audited accounts or annual report or Income/expenditure budget f	for current financial year				
☐ 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 Declaration (on helpf of approximation on approximation that					
7. Declaration (on behalf of organisation or group) – I confirm that					
X□ I have read the funding criteria					
X 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.					
X☐ If an award is received, I will complete and return an evaluation sheet.					
X☐ That any other form of licence or approval for this project has been received prior to submission of this application.					
X ☐ That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. x ☐ Child Protection ☐ Safeguarding Adults					
x☐ Public Liability Insurance ☐ Equal opportunities					
☐ Access audit ☐ Environmental impact					
☐ Planning permission applied for (date) or grant	ed (date)				
x☐ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.					
x☐ I give permission for press and media coverage by Wiltshire Council in relation to this project.					
Name:	ate: 16/5/11				
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality Te	eam (see section 3)				