Section 4



Reference no
Item 10
Log no

For office use

## 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)

A. W					
1. Your organisation  Name of organisation  Contact name	Semley Village S	Stores			
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	rganisation 🛚	Parish/	l ∕town council	
	Other, please s	Other, please specify			
2. Your project					
Project Title/Name	Semley Village S	Stores			
What is your project about and what does it aim to achieve?  Important: This section is limited to 600 characters only (inclusive of spaces).	<ul> <li>The shop will provide employment for local volunteers.</li> <li>Local residents will benefit by having a shop within walking or bicycling distance.</li> <li>We will offer a delivery service for elderly residents.</li> <li>We will offer a drop off/pick-up point for parcels, plus basic post office facilities.</li> <li>The shop will become an important local meeting point.</li> <li>Several local producers are keen to sell their produce through the shop.</li> <li>We will help Semley School to provide healthy lunches</li> <li>Local business will have a noticeboard on which to advertise.</li> </ul>				
In which community area does your project take place? ( <i>Please give name</i> – see section 3 of the grants pack)		Semley Village,	Wiltshire	,	
I/we have discussed our project with the town/parish council?		Yes ⊠	Date	Ongoing	No 🗌
I/we have discussed our project with our Wiltshire councillor?		Yes ⊠	Date	Several	No 🗌

Where will your project take place?	Semley Village				
When will your project take place?	Start November 2011				
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?  Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)	The former shop closed nearly ten years ago. It had been a very successful general stores and gift shop which offered a highly personal service including deliveries to weekenders and to older people who could not easily travel, and whose owners were popular with the whole village for their cheerful and welcoming manner. A village meeting was held on 8 April 2011 to see if a shop could re-open. It attracted more than 50 people who all supported the proposal. A single donor has generously bought the premises. There is very good retail space, very centrally located, and an upstairs room which will be let in the short term. A further questionnaire was completed by 52 residents, all demonstrating support for the project. A second meeting on June 17 <sup>th</sup> drew around 60 people and led to the raising of £30,000. For evidence as to how the community will benefit, please see above.				
How many people will benefit from your project?	at least 500				
How does your project demonstrate a direct link to the local community plan for your area?  www.wiltshire.gov.uk/areaboards	We aim to help in regenerating the local economy (through the shop and its suppliers), and to support community cohesion by providing a meeting point				
Please provide a reference/page no.	p7/8				
To be completed ONLY where town/parish councils are making an application					
Is your project one which parish/town councils have powers to raise local taxes to fund?		Yes 🗌	No 🗌		
Could your project be funded from your reserves?		Yes 🗌	No 🗌		
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form		Yes	No 🗌		

Any other information about your property Please see attached business plan	oject.					
3. Management						
How many people are involved in the Of these, how many are:	mana	agement	of your group/	organisatio	n?	
Over 50 years	Male	2	Female	2		
25 – 50 years	Male	5	Female	4		
Under 25 years	Male	0	Female	0		
Disabled People	Male	0	Female 0			
Black and Minority Ethnic people	Male	0	Female 0			
If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?  Only start up funding is required - the shop is expected to run itself within a year of opening						
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?  The fact that the shop is being used and is generating good revenues will demonstrate that it is answering a need within the community. We have also created a website on which customers can record their comments and views.						
Have you contacted Charities Information Bureau for help with you application/ to seek other funding?	r Ye	Yes ☐ Date No ⊠				o 🖂
To whom have you applied for funding for this project (other than	Na	Name of Funder  Amount Applied For  Amount Received				
Wiltshire Council)?	PI	unkett Fo	oundation	20,000	0	
Please <u>list</u> with amount applied for and whether you have been successful	Co	Community First Landfill Fund			15,000	0
	So	Sowing Seeds		5,000	0	

Have you or do you intend to apply for a grant from another area board within this financial year?  If yes, please state which one(s).	Yes	No 🖂	
Are you in receipt or anticipating other funding from other Wiltshire Council departments 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 currently held:	£					
5. Financial information – If you c	an claim ba	ick V.A.T.	please exclude from	n figure:	s given below	
Project Costs A Please provide a <u>full</u> breakdown e.g. equipment, installation etc.		Please lis	ncome B st all sources of fundi nal (P) or confirmed (C	C)	is project, as	
Refurbish Stores	£32,000	Own fund	draising/reserves	P/C C	£30,000	
	ĺ				ŕ	
External Works	£15,000	further fur	ndraising	Р	£10,000	
Fit out interior	£23,850	Parish/to	wn council	С	£200	
Emply Manager prior to opening	£1,500				£	
Stock Shop	£8,000	Trusts/fo	undations	Р	<b>£</b> 40,175	
Contingency Fund	<b>£</b> 5,500				£	
	£	In kind			£	
	£				£	
	£	Other			£	
	£	AONB		С	<b>£</b> 475	
	£				£	
	£				£	
Total Project Expenditure £85		Total Pro	ject Income		£80,850	
Total project income B		£80,850		•		
Total project expenditure A	£85,850					
Project shortfall A – B	£5,000					
Grant sought from Wiltshire Council Ar	£5,000					
Bank Details						
Please give the name of the organisations' bank account e.g. Barclays		Co-operative Bank				
Please give the title name of the organisations' bank account e.g. current		Current				

	upporting information – Please enclose <u>all</u> the following documentation as failure to so may lead to a delay in your application being considered
Encl	osed (please tick)
	Written quotes including the one(s) you are going to use
	Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year
$\boxtimes$	Terms of reference/constitution/group rules
$\boxtimes$	Evidence of ownership/lease of buildings and/or land
	new groups, only the group's terms of reference and a projected income and expenditure budget ring a period of 12 months is required.
7. D	eclaration (on behalf of organisation or group) – I confirm that
⊠ I I	nave read the funding criteria
	ne information on this form is correct, that any award received will be spent on the activities pecified, 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.
	nat any other form of licence or approval for this project has been received prior to submission of is application.
	nat the necessary policies and procedures will be in place prior to the commencement of the oject outlined in this application. $\  \  \  \  \  \  \  \  \  \  \  \  \ $
	□ Public Liability Insurance □ Equal opportunities
	☐ Access audit ☐ Environmental impact
	☑ Planning permission applied for (date)25/07/2011or granted (date)
⊠ T mate	nat acknowledgement will be given of Wiltshire Council support in any publicity, printed or website rial.
⊠ I	give permission for press and media coverage by Wiltshire Council in relation to this project.
Nam	e: Date: 08/08/2011
Posi	tion in organisation:
Plea	se return your completed application to the appropriate Area Board Locality Team (see section 3)