



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 organisation or group				
Name of organisation	South Wiltshire Agenda 21			
Contact name				
Contact address				
Contact number	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"></td> <td style="border: none; text-align: center; width: 10%;">e-mail</td> <td style="border: none; width: 20%;"></td> </tr> </table>		e-mail	
	e-mail			
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify			
2. Your project				
Project Title/Name	Salisbury Walking Map			
What is your project about and what does it aim to achieve? <i>Important: This section is limited to 600 characters only (inclusive of spaces).</i>	To update the Salisbury and Wilton Walking Map that promotes local walking routes. The routes are aimed at encouraging people to walk for both leisure and work purposes. The benefits of walking are universally recognised and include improving health and fitness, reducing traffic congestion and being good for the environment, walking also saves money and helps people to get to know their neighbourhood. The map will also be useful for tourists as it highlights attractions to see when visiting the area. This map will update the existing map first published in 2004 which is now out of date.			
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	Salisbury			
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/> Date Various No <input type="checkbox"/>			
I/we have discussed our project with our Wiltshire councillor?	Yes <input checked="" type="checkbox"/> Date 02/09/11 No <input type="checkbox"/>			

Where will your project take place?	Salisbury
When will your project take place?	Design & print Q1 2012. Distributed 2012-2016
How did you discover there was a need for your project (<i>please provide evidence</i>) and how will your project benefit your local community? <i>Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)</i>	The previous Salisbury & Wilton Walking Map has run out. This map was originally published in 2004 and proved extremely popular with 20,000 copies having been distributed (approx 2,850 per year). The map was popular with local residents, tourists, the Walking for Health Group and has also been provided to organisations with Travel Plans including local schools and businesses. The map encourages more sustainable ways of travel with all the health and environmental benefits that this brings. The new map will be a more cost-effective version as all leisure route directions will be printed on the reverse, rather than on separate cards as at present. This has been welcomed by the tourism industry and others who say the map will be more user friendly and encourage tourists to stay and explore the city and it's environs. NHS Wiltshire is supportive of the map but unable to provide funding. Salisbury City Council is also supportive of the map and will assess a bid for funding in December.
How many people will benefit from your project?	10,000 maps will be distributed.
How does your project demonstrate a direct link to the local community plan for your area? www.wiltshire.gov.uk/areboards Please provide a reference/page no.	It will encourage people to walk which will reduce congestion and pollution. Traffic congestion and the environment are priorities in the plan.. 4,7
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 <input type="checkbox"/> No <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your project urgent (having to be completed in this financial year? <i>If you answer YES please provide evidence elsewhere on the application form</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other information about your project.	

3. Management

How many people are involved in the management of your group/organisation?
Of these, how many are:

Over 50 years	Male	<input type="text" value="2"/>	Female	<input type="text" value="4"/>
25 – 50 years	Male	<input type="text"/>	Female	<input type="text"/>
Under 25 years	Male	<input type="text"/>	Female	<input type="text"/>
Disabled People	Male	<input type="text"/>	Female	<input type="text"/>
Black and Minority Ethnic people	Male	<input type="text"/>	Female	<input type="text"/>

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?

N/A

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?

Number of copies distributed. Feedback from local residents, businesses, schools, health workers and Tourist Information Centres.

Have you contacted Charities Information Bureau for help with your application/ to seek other funding?

Yes

Date

No

To whom have you applied for funding for this project (*other than Wiltshire Council*)?

Please list with amount applied for and whether you have been successful

Name of Funder	Amount Applied For	Amount Received
Salisbury City Council	£500	pending
Visit Wiltshire	£500	0
NHS	£500	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 can claim back V.A.T. please exclude from figures given below

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	
Design and graphics	£1,250	Own fundraising/reserves		£
Printing	£1,082			£
Proofing and amendments	£668	Parish/town council		£
Co-ordination and route input	£1,000	Salisbury City Council	P	£500
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£	Volunteer time	C	£1,000
	£	Other		£
	£	Local business sponsorship	C	£500
	£	Local business sponsorship	P	£500
	£			£
Total Project Expenditure	£4,000	Total Project Income		£2500

Total project income B	£2,500
Total project expenditure A	£4,000
Project shortfall A – B	£1,500
Grant sought from Wiltshire Council Area Board	£1,500
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	South Wiltshire Agenda 21

6. Supporting information – Please enclose all the following documentation as failure to do so may lead to a delay in your application being considered

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 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 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 Safeguarding Adults
 - 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.

Name:

Date: 05/10/2011

Position in organisation: Chairperson

Please return your completed application to the appropriate Area Board Locality Team (see section 3)