



## 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				
<b>Name of organisation</b>	Aldbourn Defibrillator Team			
<b>Contact name</b>				
<b>Contact address</b>				
<b>Contact number</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"></td> <td style="border: none; text-align: center; width: 10%;"><b>e-mail</b></td> <td style="border: none;"></td> </tr> </table>		<b>e-mail</b>	
	<b>e-mail</b>			
<b>Organisation type</b>	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify			
2. Your project				
<b>Project Title/Name</b>	Aldbourn Defib Team			
<b>What is your project about and what does it aim to achieve?</b>	Installation of 4 community public access defibrillators (cPADS) in Aldbourn village with access controlled by the Great Western Ambulance Service. Also training for village residents in Cardio Pulmonary Resuscitation (CPR) and use of a defibrillator			
<i>Important: This section is limited to 600 characters only (inclusive of spaces).</i>				
<b>In which community area does your project take place? (Please give name – see section 3 of the grants pack)</b>	Marlborough Area Board			
<b>I/we have discussed our project with the town/parish council?</b>	Yes <input checked="" type="checkbox"/> <b>Date</b> Novemeber 2011 No <input type="checkbox"/>			
<b>I/we have discussed our project with our Wiltshire councillor?</b>	Yes <input checked="" type="checkbox"/> <b>Date</b> November 2011 No <input type="checkbox"/>			

<b>Where will your project take place?</b>	Aldbourn
<b>When will your project take place?</b>	2012 or as soon as funds are available
<p><b>How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?</b></p> <p><i>Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)</i></p>	In line with other local communities it was recognised that access to a defibrillator - particularly in our rural location - could save lives. However, we had no existing group capable of providing permanent 24/7 defibrillator access. Hence the formation of the Defib Team. The village was informed about the planning of our team via our local magazine, Dabchick
<b>How many people will benefit from your project?</b>	Anyone needing resuscitation in area
<p><b>How does your project demonstrate a direct link to the local community plan for your area?</b></p> <p><a href="http://www.wiltshire.gov.uk/areboards">www.wiltshire.gov.uk/areboards</a></p> <p>Please provide a reference/page no.</p>	No GP surgery within 5 miles. Ambulance time to village approximately 20 minutes. Health and social care.
<b>To be completed ONLY where town/parish councils are making an application</b>	
<b>Is your project one which parish/town councils have powers to raise local taxes to fund?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Could your project be funded from your reserves?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>Any other information about your project.</b></p> <ul style="list-style-type: none"> <li>- Working with Great Western Ambulance Service (GWAS)</li> <li>- Response time (defib should be with patient within 8 minutes)</li> <li>- Rural location</li> <li>- Large number of elderly population, higher than average for a rural village in the area</li> <li>- Higher number of emergency calls to the ambulance service than othersurrounding villages</li> <li>- Proposed to have 3 CPR and Defib training sessions free to all village residents</li> </ul>	

### 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="5"/>	Female	<input type="text" value="1"/>
25 – 50 years	Male	<input type="text" value="1"/>	Female	<input type="text" value="1"/>
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?

The installation of each defibrillator includes maintenance for seven years. So far all Defib project activity has been funded by local donations and fund raising which will continue in the village.

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?

Local training sessions will hugely increase first aid awareness and CPR/Defib knowledge for all age groups within the village. Access to the defibrillators will be controlled by the ambulance service and any outcome will therefore be confidential.

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

Yes

Date

11/01/2012

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

The local village community

Ongoing

£5,700

Marlborough Area Board

Open

Friends of Savernake Hospital

Open

Ramsbury Surgery

£500

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: New Project
A - Total income:	£	
B - Minus total expenditure:	£N/A	
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	
Purchase of 4 cPAD	£7,000	Own fundraising/reserves		£
Memorial hall for training	£150	2 cPADS gifted	C	£3,500
Electrical installation	£600	Parish/town council		£
6 training courses	£1,200	Village Auction 16/12/2011	C	£1,200
Cost of delivery	£100	Trusts/foundations		£
	£	Ramsbury Surgery	C	£500
	£	In kind		£
	£			£
	£	Other		£
	£	Support promised	P	£1,000
	£			£
	£			£
<b>Total Project Expenditure</b>	<b>£9,050</b>	<b>Total Project Income</b>		<b>£6,200</b>

<b>Total project income B</b>	<b>£6,200</b>
<b>Total project expenditure A</b>	<b>£9,050</b>
<b>Project shortfall A – B</b>	<b>£2,850</b>
<b>Grant sought from Wiltshire Council Area Board</b>	<b>£2,850</b>
<b>Bank Details</b>	
<b>Please give the name of the organisations' bank account e.g. Barclays</b>	
<b>Please give the title name of the organisations' bank account e.g. current</b>	

**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:** 11/01/2012

**Position in organisation:** Chairman

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