Section 4



Reference no
Log no

For office use

## Community Area Grant Application Form 2012/2013

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

To fund projects up to £1,000 without the need for matched funding
To fund up to 50% of projects costs of projects over £1,000

Maximum Grant £5,000

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 BRATTON PAR		ISH COUNCIL				
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit or	rganisation 🗌	Parish	town council ⊠		
	Other, please specify					
2. Your project						
Project Title/Name	QUEENS DIAM	OND JUBILEE C	ELEBRA	TIONS		
What is your				NG THE COMMUNITY TOGETHER		
project about and	PLEASE SEE P	OSTER ATTACH	IED			
what does it aim to achieve?						
Important: This section is limited to 600 characters only (inclusive of spaces).						
In which community area does your project take place? ( <i>Please give name</i> – <u>see section 3</u>		WESTBURY				
I/we have discussed with the town/parish	Yes ⊠	Date	JAN 2012	No 🗌		
I/we have discussed with our Wiltshire co	Yes ⊠	Date		No 🗌		

Where will your project take place?	VARIOUS VENUES IN BRAITON		
When will your project take place?	OVER WEEKDN 2 <sup>ND</sup> TO 5 <sup>TH</sup> JUNE		
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 800 characters only (inclusive of spaces)			
How many people will benefit from	THE WHOLE VILLAGE		
your project?			
How does your project demonstrate a direct link to the local community			
plan for your area (see			
www.wiltshire.gov.uk/areaboards) or priorities of your area board?			
Please provide a reference/page no.  Any other information about your pro	inct (Limited to a 1000 characters)		
SEÉ POSTER		n application	
To be completed ONLY where t	own/parish councils are making a	n application	
Is your project one which parish/towr taxes to fund?	councils have powers to raise local	Yes 🛚	No 🗌
Could your project be funded from yo	ur reserves?	Yes 🗌	No 🗵
Is your project urgent (having to be canswer YES please provide evidence	ompleted in this financial year? If you elsewhere on the application form	Yes 🛚	No 🗌

3. Management						
How many people are involved in th Of these, how many are:	e man	agement	of your group	organisatio/	n?	
Over 50 years Ma		2	Female	4		
25 – 50 years Ma		2	Female 2			
Under 25 years Ma			Female			
Disabled People Ma			Female			
Black and Minority Ethnic people Ma			Female			
If your project will continue after the	Wilts	hire Cou	ncil funding ru	ns out, how	will you continu	e to fund it?
How will you know whether your project has made a difference in the community? What information wi collected to enable you to know that the project has made a positive impact on your community and me local need?						
	<u></u>					
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Y	es 🗌	Date conta	acted CIB		No 🖂
To whom have you applied for funding for this project (other than Wiltshire Council)?  Please <u>list</u> with amount applied for and whether you have been successful		Name of Funder			Amount Applied For	Amount Received
		PARISH COUNCIL			1000	1000
Have you or do you intend to apply for a grant from another area board within this financial year?	Y	es 🗌	No 🖂		•	
If yes, please state which one(s).						
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?		es 🗌	No 🗵			

4. Information relating to your la	st 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 (i.e. money not committed to other projects/operating costs)	£						
5. Financial information – If you control provide us. If you have to pay the V.							
Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc.	uipment,	Project Income B Please list all sources of funding for this project, as provisional (P) or confirmed (C)					
motunation etc.		provision	iai (i ) oi committea (o)	P/C			
BAND 4 <sup>TH</sup> JUNE	<b>£</b> 500	Own fund	draising/reserves	170	£		
SUNDRIES 4 <sup>TH</sup> JUNE	£100				£		
MUGS FOR CHILDREN	<b>£</b> 750	Parish/to	wn council	С	£1,000		
HOG ROAST	£100				£		
WILTSHIRE POLICE BAND	£600	Trusts/fo	undations		£		
BUNTING ETC	£120				£		
	£	In kind			£		
	£				£		
	£						
	£	Other			£		
	£	FETE CO	MMITTEE		£		
	£	WILL MA	KE UP SHORTFALL		£		
Total Project Expenditure	<b>£</b> 2,170	Total Pro	ject Income		£1,000		
Total project income B	£1,000						
Total project expenditure A	£2,170						
Project shortfall A – B	£1,170						
Grant sought from Wiltshire Council Are	£1,000						
Bank Details							
Please give the name of the organisatio account e.g. Barclays	ns' bank						
Please give the name of the organisatio account e.g. Chippenham Scouts							

6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered					
Enclosed (please tick)					
All 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					
☐ This application meets all 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.					
$oxed{\boxtimes}$ If a grant is received, I will provide copies of <u>all</u> receipts and invoices associated with the grant and provide information and photographs to demonstrate how the grant was spent.					
☐ That any other form of licence or approval for this project has been received prior to submission of this grant 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					
☐ 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: 02/05/2012					
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality Team (see section 3)					