



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 organisation	NORTH WILTS AND DEVIZES PORTAGE SERVICE		
Contact name			
Contact address			
Contact number		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	PORTAGE WAITING LIST PROGRAMME		
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>	THE PORTAGE WAITING LIST PROGRAMME OFFERS A MONTHLY VISIT TO FAMILIES WHO DONOT RECEIVE PORTGE OR WHO DON'T MEET THE CRITERIA. THE FORMAT AIMS TO GIVE THE FAMILIES SUPPORT IN THE SHORT TERM UNTIL A FULL TIME PLACE BECOMES AVAILABLE. THE FAMILIES RECEIVE A MONTHLY VISIT BY THE SAME HOME VISITOR, WHO WILL ASSESS THE NEEDS OF THE FAMILY, E.G. DLA FORM REQUIRES COMPLETION. TO REFERRALS AND SIGN POSTING TO OTHER SERVICES SUCH AS SASSAF OR WHEEL CHAIR SERVICES. THE HOME VISITOR WOULD ALSO BE ABLE TO SUPPORT THE FAMILY WITH PLAY IDEAS FOR THE CHILD/REN		
In which community area does your project take place? (Please give name – see section 3)	TIDWORTH/LUDGERSHALL		
I/we have discussed our project with the town/parish council?	Yes <input type="checkbox"/>	Date	No <input checked="" type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No <input checked="" type="checkbox"/>

Where will your project take place?	FAMILIES HOMES IN TIDWORTH AND LUDGERSHALL
When will your project take place?	FROM SEPTEMBER 2012
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)	<p>AS WE HAVE A WAITING LIST FOR FAMILIES, BOTH CIVILIAN AND MILITARY, IN THIS AREA WE WANTED TO BE ABLE TO OFFER SOME FORM OF SUPPORT UNTIL A FULL TIME PORTAGE SPACES BECAME AVAILABLE.</p> <p>IT WILL BENEFIT THE LOCAL COMMUNITY AS PARENTS/CARERS WITH CHILDREN WITH SPECIFIC ADDITIONAL NEEDS WILL BE ABLE TO ACCESS THE COMMUNITY , INSTEAD OF FEELING ISOLATED. WITH OUR AID IN COMPLETING DLA AND 2 YEARS OLD FUNDING FORMS THESE FAMILY CAN JOIN THEIR LOCAL COMMUNITY.</p>
How many people will benefit from your project?	8 FAMILIES AT ONE TIME
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.	<p>THE PROJECT LINKS IN WITH SEVERAL AREAS IN THE AREA PLAN (PAGE 2), INCLUDING:</p> <p>HEALTH AND SOCIAL CARE, EDUCATION AND THE ECONOMY</p>
Any other information about your project. (Limited to a 1000 characters) THE PORTAGE WAITING LIST PROGRAMME OFFERS A MONTHLY VISIT TO FAMILIES WHO DO NOT HAVE A FULL TIME PORTAGE PLACE (WEEKLY) AS ALL FUNDED PLACES ARE ALLOCATED.	
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? If you answer YES please provide evidence elsewhere on the application form)	Yes <input type="checkbox"/> No <input type="checkbox"/>

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="2"/>
25 – 50 years	Male	<input type="text" value="4"/>	Female	1 <input type="text"/>
Under 25 years	Male	<input type="text" value="0"/>	Female	<input type="text" value="0"/>
Disabled People	Male	<input type="text" value="0"/>	Female	<input type="text" value="0"/>
Black and Minority Ethnic people	Male	<input type="text" value="0"/>	Female	<input type="text" value="0"/>

If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?
WE WILL TRY TO FUNDRAISE OR SEEK ADDITIONAL FUNDING TO COVER THE COSTS.

How will you know whether your project has made a difference in the community? What information will be collected to enable you to know that the project has made a positive impact on your community and met the local need?

WE WILL ASK FAMILIES FOR FEEDBACK IN THE FORM OF A QUESTIONNAIRE, AT THE END OF THE WAITING IST PROGRAMME.

Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?

Yes

Date contacted CIB

No

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

Name of Funder

Amount Applied For

Amount Received

Please list 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?

Yes

No

If yes, please state which one(s).

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: MARCH	Year: 2011		
A - Total income:	£107,220			
B - Minus total expenditure:	£106,864			
Surplus/deficit for year: (A minus B)	£336			
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£0			
5. Financial information – If you can claim back V.A.T. please <u>exclude</u> VAT from the figures you provide us. If you have to pay the V.A.T then please include V.A.T. in the figures you provide us.				
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	
SALARIES INC TAX/NI	£2,154	Own fundraising/reserves	p	£1,900
TRAVEL EXPENSES	£846			£
	£	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£			£
	£	Other		£
	£			£
	£			£
Total Project Expenditure	£3,000	Total Project Income		£1,900
Total project income B		£1,900		
Total project expenditure A		£3,000		
Project shortfall A – B		£1,100		
Grant sought from Wiltshire Council Area Board		£1,100		
Bank Details				
Please give the name of the organisations' bank account e.g. Barclays				
Please give the name of the organisations' bank account e.g. Chippenham Scouts				

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)

- 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.
- If a grant is received, I will provide copies of all 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
- 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: 14/12/2012

Position in organisation:

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