Section 4

Reference no

## Wiltshire Council

Where everybody matters

Log no mel.12.020 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	EXTENDED SERVICES (MELKSHAM AREA)				
organisation					
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	rganisation 🗌	Parish/	town council 🗌	
	Other, please specify CHARITY				
2. Your project					
Project Title/Name	COUNSELING S	SERVICES FOR	CHILDR	EN	
What is your project about and	The provision of a drop-in couseling services for children for 3 hours per week 42 weeks of the year. Relate will provide this servicesvwhich is similar to Talk Zone which is available				
what does it aim to achieve?	for children in other towns.				
Important: This section is limited to 600 characters only (inclusive of spaces).					
	In which community area does your project take place? ( <i>Please give</i> name – see section 3				
I/we have discussed with the town/parish					No 🖂
I/we have discussed with our Wiltshire com		Yes 🖂	Date		No 🗌

Where will your project take place?	CANBERRA YOUTH CENTER, SPA ROA	D, MELKSHAM		
When will your project take place?	SEPTEMBER 2012			
How did you discover there was a need for your project ( <i>please</i> <i>provide evidence</i> ) 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)	Schools and Social workers have informed Children in need at present travel to Chipp for this service. This means that only child can receive this service. Relate currently have provision to commen 2012	eenham, Trowbridge or Devizes dren who can afford to travel		
How many people will benefit from your project?	approx 80 to 100 young people			
How does your project demonstrate a direct link to the local community plan for your area (see <u>www.wiltshire.gov.uk/areaboards</u> ) or priorities of your area board? Please provide a reference/page no.	Page 6 priority 7 page 8 priority 3			
Any other information about your pro				
To be completed ONLY where t	To be completed ONLY where town/parish councils are making an application			
Is your project one which parish/town 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 completed in this financial year? <i>If you</i> answer YES please provide evidence elsewhere on the application form						
3. Management	3. Management					
How many people are involved in the Of these, how many are:	How many people are involved in the management of your group/organisation? Of these, how many are:					
Over 50 years	Male Female					
25 – 50 years	Male 2 Female 2					
Under 25 years	Male Female					
Disabled People	Male Female					
Black and Minority Ethnic people	Male Female					
If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it? By applying for grant funding from other organisations						
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? Reduced anti social activities reported in schools and to the police Feedback from Relate						
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 <u>list</u> 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? 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)	£	2				
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£					
5. Financial information – If you of provide us. If you have to pay the V						
Project Costs A Please provide a <u>full</u> breakdown e.g. ec installation etc.	quipment,	Please lis	ncome  B st all sources of fundi nal (P) or confirmed (C	;)	s project, as	
			<del> <i>.</i></del>	P/C		
RELATE	<b>£</b> 5,200	Own fund	draising/reserves		<b>£</b> 3,700	
ADMINISTRATION COSTS	£800				£	
MARKETING & PRINTING	<b>£</b> 200	Parish/to	wn council		£	
	£				£	
	£	Trusts/fo	oundations		£	
	£				£	
	£	In kind			£	
	£				£	
	£					
	£	Other			£	
	£				£	
	£				£	
Total Project Expenditure	<b>£</b> 6,200	Total Pro	oject Income		<b>£</b> 3,700	
Total project income B		<b>£</b> 3,700				
Total project expenditure A		£6,200				
Project shortfall A – B		<b>£</b> 2,500				
Grant sought from Wiltshire Council A	rea Board	<b>£</b> 2,500				
Bank Details	-					
Please give the name of the organisation account e.g. Barclays	ons' bank					
Please give the name of the organisation account e.g. Chippenham Scouts	ons' bank					

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.		
☑ 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		
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: 05/07/2012		
Position in organisation:		
Please return your completed application to the appropriate Area Board Locality Team (see section 3)		