



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 organisation	DOWNTON MEMORIAL HALL		
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	HEARING LOOP SYSTEM		
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 PROJECT AIMS TO GIVE PEOPLE WITH A HEARING DISABILITY THE CHANCE TO HEAR THE COMMENTARY ON FILMS / DISCUSSIONS / MEETINGS THAT ARE HELD IN THE DOWNTON MEMORIAL HALL		
In which community area does your project take place? (Please give name – see section 3)	SOUTHERN AREA BOARD		
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/>	Date 10/09.	No <input checked="" type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input checked="" type="checkbox"/>	Date	No <input checked="" type="checkbox"/>

Where will your project take place?	DOWNTON MEMORIAL HALL	
When will your project take place?	ASAP	
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? <i>Important: Please do not type/write in paragraphs – This section is limited to 800 characters only (inclusive of spaces)</i>	<p>FROM LOCAL DEAF PEOPLE STATING THAT THEY COULD NOT ATTEND FILM SHOWS* AT THE HALL AS THEY COULD NOT HEAR PROPERLY.</p> <p>* OR MEETINGS.</p> <p>THE HEARING LOOP WILL ENSURE THAT ALL HARD OF HEARING IN OUR COMMUNITY CAN PARTICIPATE IN EVENTS IN THE HALL.</p>	
How many people will benefit from your project?	ALL OF THE HARD OF HEARING IN OUR COMMUNITY & VISITORS TO THE HALL	
How does your project demonstrate a direct link to the local community plan for your area (see www.wiltshire.gov.uk/areabords) or priorities of your area board?		
Please provide a reference/page no.		
Any other information about your project. (Limited to a 1000 characters)		
<p>THE HALL HAS RECENTLY BEEN EXTENSIVELY MODERNISED - NEW GAS HEATERS, WIRING REFURB & NEW ELECTRICAL FITTINGS, PAINTING & DECORATING INTERNALLY. THIS IS TO BRING THE MEMORIAL HALL UP TO A GOOD STANDARD SO WE CAN CONTINUE TO HIRE OUT THE HALL TO A GOOD NUMBER OF CUSTOMERS. THE ADDITION OF THE HEARING LOOP WILL ENHANCE ALL THE OTHER WORK, WHICH WILL BE COMPLETED AT THE END OF AUG. THE COMMITTEE NEED TO KEEP A HEALTHY RESERVE AFTER THE DECS AS SOME OF THE LOW GRADE ASBESTOS FLOOR TILES WILL NOW NEED TO BE REPLACED WHICH WE HAD NOT ENVISAGED!</p>		
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			
<p>How many people are involved in the management of your group/organisation? Of these, how many are:</p>			
Over 50 years	Male	<input type="text" value="4"/>	Female <input type="text" value="2"/>
25 – 50 years	Male	<input type="text" value="4"/>	Female <input type="text" value="2"/>
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"/>
<p>If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it? FROM PROCEEDS FROM THE BOOKINGS</p>			
<p>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? MORE ATTENDANCE AT EVENTS BY THE HARD OF HEARING & COMMENTS RECEIVED BACK TO THE DOWNTOWN MEMORIAL HALL COMMITTEE</p>			
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Yes <input type="checkbox"/>	Date contacted CIB	No <input checked="" type="checkbox"/>
<p>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</p>	Name of Funder	Amount Applied For	Amount Received
	N/A		
<p>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).</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<p>Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

4. Information relating to your last annual accounts (if applicable)

Year ending:	Month: DEC	Year: 2011
A - Total income:	£ 10,220 10167	
B - Minus total expenditure:	£ 13288	
Surplus/deficit for year: (A minus B)	£ 3121	
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£ 4900	

5. Financial information – If you can claim back V.A.T. please exclude 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	£
Loop system	£ 998.40	Own fundraising/reserves		£
	£			£
	£	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£			£
	£	Other		£
	£			£
	£			£
Total Project Expenditure	£ 998.40	Total Project Income		£
Total project income B	£ /			
Total project expenditure A	£ 10,220 998.40			
Project shortfall A – B	£			
Grant sought from Wiltshire Council Area Board	£ 10,220 998.40			
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:

Position in organisation:

Date:

20/8/2012

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

