Section 4



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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 organisati	ion or group						
Name of	The Sunday Clu	b					
organisation							
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Not for profit of Other, please s		Parish	town council 🗌			
2. Your project	2. Your project						
Project Title/Name	The Sunday Clu	b Revamp Projec	t				
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	The Sunday Club, a group for the elderly, is re-establishing itself at Trowbridge Civic Ctre due to the dangers of elderly volunteers at it's current venue. This has given us the opportunity to look at revamping how the Club provides its services. Instead of elderly volunteers preparing food we wish to use professional caterer to provide refreshments for those attending. We would also like to provide an improved range of activities including exercises/ health & safety awareness for all Club members in a safe environment. We are seeking frunds to assist with this re-establishment and expansion.						
In which community area does your project take place? (<i>Please give name</i> – see section 3		Trowbridge					
I/we have discussed our project with the town/parish council?		Yes ⊠	Date	August 2012	No		
I/we have discussed our project with our Wiltshire councillor?		Yes ⊠ No □	Date	September 2012			

Where will your project take place?	Civic Centre Trowbridge				
When will your project take place?	10 February 2013 - 11 August 2013				
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	In Wiltshire 18.1% of residents are 65+ (Wilts Council End of Life Care Profile) and it has become noticeable in Trowbridge that our older population is quickly growing. The Club volunteers are themselves in poor health so are also vulnerable. By introducing professional catering and exercise sessions we will re-invigorate the members, which will in turn relieve the stress on carers and families plus relieving the burden on medical services locally				
Important: Please do not type/write in paragraphs – This section is limited to 700 characters only (inclusive of spaces)					
How many people will benefit from your project?	85 + carers/ families = 250+				
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.	Improves the health and social care of older residents in this area with access to active leisure pursuits and community safety. 4, 5, 8, 9				
Any other information about your project. (Limited to a 1000 characters) We want to provide a warm, safe renvironment where all members can meet socially and, enjoy properly prepared refreshments thus reducing the risk of contamination & infection in this very vulnearable age group. Previously a group of volunteer members prepared the food , standing in a small, ill equipped kitchen at Longfield Comm Ctre for 2 hours whilst also suffering from infirmities, an accident waiting to happen. The Committee needs to move the Club to a more practical venue, to introduce a catere and exercise sessions (Tai Chi, chair exercises, short mat bowls, kurling) to improve mobility, confidence, balance thus increasing the health and well being of this senior age group. The Civic has better access and facilities, being lighter and warmer that our previous meeting place.					
To be completed ONLY where t	own/parish councils are making a	n application			
Is your project one which parish/town councils have powers to raise local taxes to fund?		Yes ⊠ No □			
Could your project be funded from your reserves?		Yes No No			
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 No No			

3. Management					
How many people are involved in the Of these, how many are:	e manageme	ent of your group/	organisatio	n?	
Over 50 years	Male	Female	6		
25 - 50 years	Male	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? Other Grant Funders plus Club fundraising					
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? The Committee will check the expected rise in membership in the New Year and compare it to previous figures prior to the move to the Civic Centre. From feedback and enthusiasm of the members in planning the Sunday Club event timetable. From the response of the members to the caterers refreshments, the improved mobility of the Committee plus comments from carers /family.					
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Yes 🗌	Date conta	cted CIB		No 🛚
To whom have you applied for	Name o	f Funder	Amount Applied For	Amount Received	
funding for this project (other than Wiltshire Council)?	Trowbrid	dge Town Council	1000	Received	
Please <u>list</u> with amount applied for and whether you have been successful					
Hove you as do you intend to apply					
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: 11/12	Month: March		Year: 2012			
A - Total income:	£5814					
B - Minus total expenditure:	£5662					
Surplus/deficit for year: (A minus B)	£152					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£458					
5. Financial information – If you c						
provide us. If you have to pay the V	.A.T then pl	ease inclu	ide V.A.T. in the figu	ires you	provide us.	
Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc.	Project Income B Please list all sources of funding for this project, as provisional (P) or confirmed (C)					
		provide a	(-)	P/C		
Catering x 6mths	£1,800	Own fund	draising/reserves		£ 458	
6 x Sports Coaches	£ 650				£	
1 hr x 6 mths	£	Parish/to	wn council	Р	£1,000	
	£				£	
	£	Trusts/fo	undations		£	
	£				£	
	£	In kind			£	
	£				£	
	£					
	£	Other			£	
	£				£	
Total Project Expenditure	£ 2,450	Total Pro	ject Income		£1,458	
		1				
Total project income B	£1,458					
Total project expenditure A	£2,450					
Project shortfall A – B	£992					
Grant sought from Wiltshire Council Ar	£ 992					
Bank Details						
Please give the name of the organisation account e.g. Barclays						
Please give the name of the organisation account e.g. Chippenham Scouts						

6. Supporting information – Please enclose <u>all</u> the following docum do so may lead to a delay in your application being considered	entation as failure to			
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	et 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 specified, that I will complete a monitoring form (if requested) following complete.				
☑ 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 comproject outlined in this application.	nencement of the			
☐ 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: 30/11/2012			
Position in organisation: Chairman				
Please return your completed application to the appropriate Area Board Locality	Team (see section 3)			