Section 4

Wiltshire Council

Reference no

Log no

For office use

## Community Area Grant Application Form 2012/2013

Where everybody matters

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. <u>(See Section 2 for contact details)</u> Please contact your Community Area Manager before completing your application (See Section 3 for contact details)

1. Your organisation or group					
Name of organisation	Kennet Community Transport				
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	ganisation	Parish/	town council 🗌	
	Other, please s	<b>pecify</b> Regist	ered ch	arity	
2. Your project					
Project Title/Name	Kennet Corr	munity Transp	oort		
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	We are a registered charity operating from Marlborough and provide transport into Marlborough from the surrounding district for elderly and disabled people so that they can attend either or both of the two day centres - Jubilee or New Road. Transport is in the form of a minibus that has been converted for wheelchair access. As of March 2013 the lease on the minibus expires and we need to find funds to purchase a replacement. Our aim to raise sufficient funds for the deposit required to purchase a new bus that will be reliable, be more fuel efficient and continue to serve the local community with this essential service for many years to come. We are the only organisation within the Marlborough area to offer this essential service and to meet the individual needs of elderly and disabled people requiring our service.				
In which community area does your project take place? ( <i>Please give name</i> – <u>see section 3</u>		Marlborou	gh, Pev	vsey and Tidworth	
I/we have discussed our project with the town/parish council?		Yes 🗌	Date		No 🛛
	I/we have discussed our project with our Wiltshire councillor?		Date		No 🛛

Where will your project take place?	Marlborough, Pewsey and Co	llingbourne dist	tricts		
When will your project take place?	1st April 2013				
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?	The existing lease expires March 2013. Unless funding becomes available to purchase a new bus the Marlborough area will lose its only wheelchair accessible community transport.				
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	40 per week				
your project? 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?	Our primary aim is to address - ' Inadequate public transport exacerbating rural isolation (P15) - we provide accessible transport to fill gaps in provision. However, we also improve the "provision of on-call transport at low cost for elderly an disabled" (P15) - we could become affiliated to the Link schemes to enhance this service. Our service also address issues raised in the Health and Wellbeing section - Access to Local Health				
Please provide a reference/page no.	Services (P13) - we regularly take people to attend medical and dental appointments.				
Any other information about your pro					
runs a minibus with a lift and fitt disabilities, and is the only public	has served the Marlborough area sin ings to transport people in wheelchatic transport system in the area so fitt	irs and with oth ed.	ner		
Marlborough's two day centres Centre for people of all ages wi	y is to bring people who would other - the Jubilee Centre for elderly peop th disabilities. It takes them home in	le and the New the afternoon, a	Road and		
act as transport when required service to take the residents for	ay- maybe shopping or to the West for the other care homes in the area day trips out. We are also used by e	when they reque	uire our led		
	appointments. We provide a unique 1000 passenger journeys annually.	e and irreplacea	able service		
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 Yes No taxes to fund?					
Could your project be funded from yo	ur reserves?	Yes 🗌	No 🗌		
Is your project urgent (having to be co answer YES please provide evidence	Yes 🗌	No 🗌			

3. Management					
How many people are involved in the management of your group/organisation? Of these, how many are:					
Over 50 years	Nale 5	Female 4			
25 – 50 years N	1ale	Female			
Under 25 years	/lale	Female			
Disabled People	/lale	Female			
Black and Minority Ethnic people	lale	Female			
If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it? We are currently seeking corporate sponsorship and donations to fund a replacement vehicle.					
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 lack of accessible transport will have a serious impact on the ability of users of our service to attend their day centres and other venues which will have a detrimental effect on their quality of life. Testimonials to this effect will be obtained from the managers of our day centres together with passenger statistics.					
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Yes 🖄	Date contacted CIB	13/11/12	No 🗌	
To whom have you applied for	Name of Funder		Amount Applied For	Amount Received	
funding for this project (other than Wiltshire Council)?	Aster -Wish	Aster -Wish upon a star			
Please <u>list</u> with amount applied for and whether you have been successful					
Successiui					
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).	Ma	arlborough			
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?	Yes 🗌	No 🖄			

4. Information relating to your la	ist annual a	accounts	(if applicable)	
Year ending:	Month: De	cember	Year: 2011	
A - Total income: £ 27191		I		
B - Minus total expenditure: £ 28537				
Surplus/deficit for year: (A minus B)	Surplus/deficit for year: (A minus B) £ (1166)			
money not committed to other <b>£</b> bus - As t		eserves are allocated towards the cost of purchasing a new this fund is insufficient we are pursuing alternative funding to obtain a new vehicle		
5. Financial information – If you c provide us. If you have to pay the V	an claim ba	ck V.A.T.	please <u>exclude</u> VAT fr	
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
Deposit for new minibus	£15,000	Own fund	draising/reserves	£ 5000
	L			Z
	£	Parish/to	wn council	£
	£			£
	£	Trusts/fo	oundations	£
	£			£
	£	In kind		£
	£			£
	£			
	£	Other	Aster-Wish upon a sta	r £ 2000
	£	М	arlborough Area Board	£ 5000
	£			£
Total Project Expenditure	£15,000	Total Pro	oject Income	£ 12,000
Total project income B		£ 12,00	00	
Total project expenditure A	£ 15,000			
Project shortfall A – B	£ 3000			
Grant sought from Wiltshire Council Ar	£ 3000			
Bank Details				
Please give the name of the organisatic account e.g. Barclays	ons' bank			
Please give the name of the organisation account e.g. Chippenham Scouts				

6. Suppor	ting informatio	n – Pleas	e enclose <u>all</u> the	following documer	ntation as failure to
do so mag	y lead to a delay	y in your	application being	g considered	

## Enclosed (please tick)

 $\checkmark$  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 X Safeguarding Adults			
🔀 Public Liability Insurance 🛛 🖄 Equal opportunities			
🕅 Access audit 🛛 Environmental impact			
Planning permission applied for (date) or granted (date)			
X 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: 19/12/12			
Position in organisation:			
Please return your completed application to the appropriate Area Board Locality Team (see section 3)			