

Reference no	Section 4
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	Rowde community village shop		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	<input type="checkbox"/> Not for profit organisation <input type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify		
2. Your project			
Project Title/Name	Rowde safety amendments		
What is your project about and what does it aim to achieve? <i>Important: This section is limited to 100 characters only (inclusive of spaces).</i>	Our project is about bringing our shop in line with safety regulations. Our loft area was originally designated for long term storage, but as we have expanded our stock, it has been necessary to use it for grocery storage as the ground floor cuboard space is not large enough. We hope to use the loft area for the office and turn the ground floor office into a store. This would make access for our volunteers much safer as some cannot use the higher level therefore cannot restock when nessasary. We have a wide range of volunteers and some are of a certain mature age!		
In which community area does your project take place? (Please give name – see section 3)	Devizes area board		
Have we discussed our project with the town/parish council?	Yes	Date	No
Have we discussed our project with our Wiltshire councillor?	Yes ✓	Date Nov 12	No

Where will your project take place?	rowde community shop marsh lane rowde
When will your project take place?	with in 6 months
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 700 characters only inclusive of spaces)</i>	It has been increasingly apparent that we need to address our storage problems as our volunteers now include adult and younger special needs persons as well as the mature persons. It is not a ideal situation for any person to tranfer stock up and down a loft ladder type access.
How many people will benefit from your project?	30 volunteers plus the customers!
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.	the community shop was a priority in our village plan and is is very much appreciated and supported.

Any other information about your project. (Limited to a 1000 characters)
 our manager would not need to carry any items up and down to the loft as all the office equipment would stay in the loft space.

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	No
Could your project be funded from your reserves?	Yes	No
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application	Yes	No

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3. Management

How many people are involved in the management of your group/organisation?
Of these, how many are:

Over 50 years	<input type="text"/>	Male 2	<input type="text"/>	Female 5
15 – 50 years	<input type="text"/>	Male	<input type="text"/>	Female
Under 25 years		Male		Female
		Disabled People		Male
				Female
Black and Minority Ethnic people		Male	<input type="text"/>	Female

If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?
We will fund raise.

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 volunteers will give us feed back and anything that helps for a easier and safer run community shop has to be a positive impact.

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

No

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?

No

If yes, please state which one(s).

Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?

No

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

Year ending:	Month: October	Year: 2012
1 - Total income:	£159400	
3 - Minus total expenditure:	£ 157673	
Surplus/deficit for year: (A minus 3)	£1727	
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£0	

II. 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 full 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	
fit ladder	Own fundraising/reserves		£
ask			£
ibles	Parish/town council		£
air			£
elving	Trusts/foundations		£
our			£
ab rails	In kind		£
			£
			£
	Other		£
			£
Total Project Expenditure	Total Project Income		£

Total project income B	£
Total project expenditure A	£
Project shortfall A – B	£
Grant sought from Wiltshire Council Area Board	£ 998.58
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 *Verbal quote for labar shelving
written quote to follow*

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 *Rented from Wadsworths
No lease*

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:

Position in organisation:

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