



Reference no

Log no

For office use

Community Area Grant Application Form 2010/2011

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

We strongly advise that you contact your Community Area Manager before completing your application.

1 - Your organisation or group

Name of organisation	Old Sarum Community First Respoders		
Contact name	Mr Simon Holt		
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

In which community area does your project take place? (Please give name – see section 3 of the grants pack)	Southern Area - Old Sarum, Stratford Sub Castle and surrounding areas
Does your town/parish council know about your project?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is your project? Important: This section is limited to 300 characters only (inclusive of spaces).	I am avoluntary Community First Responder (CFR) trained & working under Great Western Ambulance Service, at the moment there is no CFR coverage in my local area, I with Great Western Ambulance Service permission am trying to get a CFR unit up & running in the Old Sarum/ Stratford Sub Castle area.
Where will your project take place?	Old Sarum /Stratford Sub Castle area
When will your project take place?	As soon as possible & for an indefinate time
How many people will benefit from your project?	All communities in the area
How does your project demonstrate a direct link to the community plan for your area? Please provide a reference/page no.	

What is the link between your project and other local priorities? e.g. Priorities set by your area board and parish plans.

How did you discover there was a need for your project and how will your project benefit your local community?

Important: Please do not type in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)

By contacting Great Western Ambulance Service & finding at present there is no CFR Cover within this growing community AT ALL

Any other information about your project.

A CFR is a persons first lifeline i a local area when an Ambulance cannot get there within the first 5 minutes of a 999 call,as we live in the area we cover.We are linked to the communications centre for Great Western Ambulance Service via pager or mobile phone and respond to all Cateryory A (RED) Calls - that is Cardiac Arrests , Breathing Problems & Unconscious Patients when every minute counts in their survival. This is a vital assest to local communities & firms within this area as we provide Medical Aid & Treatment until the Ambulance arrives.

3 - Management

How many people are involved in the management of your group/organisation?

Of these, how many are:

Over 50 years	Male	<input type="text"/>	Female	<input type="text"/>
25 – 50 years	Male	<input type="text" value="1"/>	Female	<input type="text" value="1"/>
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"/>

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?

By fund raising events and donations

If you were not awarded the full amount requested, what would be the impact on your project?

If we were not awarded the amount requested this would put many lives at risk

How will you know whether your project has made a difference in the community?

When lives are saved by our quick response time to 999 Calls from this community

Have you contacted Charities Information Bureau for help with your application/ to seek funding?

Yes

No

To who have you applied for funding for this project (other than Wiltshire Council)?

N/A

Have you been successful?

Yes

No

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 ones.

Are you in receipt or anticipating other funding from Wiltshire Council 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)

£

Free reserves held:

£

5 - Financial information				
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	
Defibr, Kit Bag, Consumables	£1,534	Own fundraising/reserves		£
	£			£
	£	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£	Volunteers		£18,000
	£	Other		£
	£			£
	£			£
	£			£
	£			£
Total Project Expenditure	£1,534	Total Project Income		£
Total project income B		£18,000		
Total project expenditure A		£1,534		
Project shortfall A – B		£1,534		
Award sought from Wiltshire Council Area Board		£1534		
Bank Details				
Please give the name of the organisations' bank account e.g. Barclays		payment to GWAS who hold a/c		
Please give the title name of the organisations' bank account e.g. current		Old Sarum Community First Responders		
6 – Supporting information – Please enclose the following documentation				
Enclosed (please tick)				
<input type="checkbox"/> Written quotes including the one you are going to use <input type="checkbox"/> Latest inspected/audited accounts or annual report <input type="checkbox"/> Income and expenditure budget for current financial year <input type="checkbox"/> Project budget (if applicable) <input type="checkbox"/> Terms of reference/constitution/group rules <input type="checkbox"/> 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 - Equalities and Inclusion – Wiltshire Council is committed to ensuring that its work through the Area Boards benefits all sections of our community and promotes equality and inclusion. To assist us in assessing how your application aims to meet our commitment to equality and inclusion, please provide a brief answer to the following:

a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage?

Promote equality and access to Medical Services/Facilities

b) How does your project work to promote inclusion, participation and good community relations?

c) Is your project targeted at a specific group? If yes, please tick any of the following which apply

- Under 25's Over 50's
- Mostly or all men/boys Mostly or all women/girls
- Specific minority ethnic groups (please state which groups)
- Specific faith groups (please state which groups)
- People/families on low income
- Other disadvantaged groups (please state which groups)

8 - Declaration (on behalf of organisation or group) – I confirm that...

- I have read 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 an award is received, I will complete and return an evaluation sheet.
- That any other form of licence or approval for this project has been received prior to submission of this application.
- That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. Child Protection 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: Simon Holt

Date: 10/05/2010

Position in organisation: CFR Responder

Please return your completed application to the appropriate Area Board Locality Team