

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 organisat					
Name of	Kings Day Nurse	ery School			
organisation					
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	ganisation 🛚	Parish/	town council	
	Other, please s	pecify			
2 – Your project					
In which community a project take place? (P name – see section 3 pack)	Please give of the grants	Malmesbury			
Does your town/paris				_	
know about your project?		Yes	No 🗵		
What is your project? Important: This section 300 characters only (ispaces).	on is limited to	The nursey is ru age of 11	nning a E	Brekfast/After school club for children up to the	
Where will your proje	ct take place?	King's Day Nurs	ey Schoo	ol	
140		0			
When will your projec	•	Starting in Septe		110	
How many people wil your project?	I benefit from	10-15 young children			
How does your project a direct link to the confor your area?					
Please provide a refe	rence/page no.				

What is the link between your projet parish plans.	ct and other local p	oriorities? e.g. Priorities set by your area board	and
parion plane.			
How did you discover there was a r	need for your projec	ct and how will your project benefit your loca	al
community?			
spaces)		ction is limited to 1200 characters only (inclu	
		management committee about providing an he project. When the situation changed I dis	
		ng a survey of the parents of the pre-school or arents replied to the questionnaire positively	
have started to discuss the plans w	ith the town's prim	ary school. The local community in particula fit through this club run by the nursery. The	rly the
would be providing affordable after	school care. The n	ursery has been providing quality childcare	for 15
more secure, and responsble towar		lren a good foundation will lead to families b y.	eing
Any other information about your p Ann Parks child development officer b		ounty council fully backs this project.	
3 - Management			
How many people are involved in the	ne management of	your group/organisation?	
Of these, how many are:	ic management or	your group/organisation:	
Over 50 years	Male 1	Female	
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 is intended to contine fund it?	ue after the Wiltshi	re Council funding runs out, how will you co	ntinue to
it will became self funding			

If you were not awarded the full amoun	t requested, what v	voul	d be the impact on your project?
The impact would be that the projaect wou	ıld take longer to est	ablis	sh and possiblely it may fail.
How will you know whether your project			•
Parents would have more access to afford lead to families been more financial secure		ı woı	uld make it easy for them to work which could
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	no other organisati	on	
Council)?			
Have you been successful?	Yes	No	
Have you or do you intend to apply	Yes	No	
for a grant from another area board within this financial year?			
If yes, please state which ones.			
Are you in receipt or anticipating	Yes 🗌	No	
other funding from Wiltshire Council for this project?	_		_
4 - Information relating to your la	ıst annual accou	unts	(if applicable)
Vaarandina	Month:		Year:
Year ending:	WIOIIIII.		Teat.
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. equinstallation etc.	uipment,	Project Income B Please list all sources of funding provisional (P) or confirmed (C)		s project, as			
			P/C				
Bush 32 tv from Argos	£300	Own fundraising/reserves		£			
tv games mat	£ 25			£			
Tv stand	£43	Parish/town council		£			
Fujifilm Finepix AV110	£60	Turnets/farradations		£			
wii console with games wii remote	£180 £28	Trusts/foundations		£			
wii controller	£20	In kind		£			
Wil Controller	£	III KIIIG		£			
	£	Other		£			
	£			£			
	£			£			
	£			£			
	£			£			
Total Project Expenditure	£ 651	Total Project Income		£			
Total project income B		£					
Total project expenditure A		£					
Project shortfall A – B		£					
Award sought from Wiltshire Council Ar	ea Board	£					
Bank Details							
Please give the name of the organisations' bank account e.g. Barclays		HSBC					
Please give the title name of the organis bank account e.g. current	ations'						
6 – Supporting information – Plea	ase enclo	se the following documentat	tion				
Enclosed (please tick)							
☐ Written quotes including the one you	are going to	use					
☐ Latest inspected/audited accounts or	annual repo	ort					
☐ Income and expenditure budget for c	current financ	cial year					
☐ Project budget (if applicable)							
Terms of reference/constitution/group	p rules						
Evidence of ownership/lease of buildi	ngs and/or la	and					
For new groups, only the group's terms covering a period of 12 months is requir		e and a projected income and exp	enditure	e budget			

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?
The nursery is fully inclusive and open to everyone. By providing affordable after school care will enable more families to work.
b) How does your project work to promote inclusion, participation and good community relations?
We have a excellent record of helping children who need additional support. The nursery offer assited places to children who are from disadvantaged families.
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
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