Section 9



Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2013/2014

To be completed by the Wiltshire Councillor leading on the project

Please ensure that you have read the Funding Criteria before completing this form PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED

| 1. Contact Details | | | | | | | |
|---|--|---|---|---|--|--|--|
| Area Board Name | TROWBRIDGE | | | | | | |
| Your Name | GRAHAM PAYNE | | | | | | |
| Contact number | 01225 755018 | | e-mail | il sailorpayne@btinternet.com | | | |
| 2. The project | | | | | | | |
| Project Title/Name | POP UP POLICE STATION | | | | | | |
| Please tell us about the project /activity you want to organise/deliver and why? Important: This section is limited to 1000 characters only (inclusive of spaces). | TO BE USED B'AREA BOARD B'THE EQUIPMENTO TAKE OUT I ESTATES TO EINITIATIVES TO IT WOULD ALS SPECIFIC INCIL | Y TROWBRIDGE BOUNDARIES). NT WILL BE USE NTO THE VILLA NHANCE THE PO MAKE OUR CO O BE USED TO FO DENTS OF CRIM | POLICE D REGUI GES, THI OLICE PI MMUNIT HIGHLIGH E THAT I | PROVIDE A 'POP UP POLICE STATION' CE (EXCLUSIVELY WITHIN THE TROWBRIDGE BULARLY (AT LEAST ONCE A WEEK) THE TOWN CENTRE AND THE HOUSING PRESENCE AND PUBLICISE POLICE IITIES SAFER. GHT POLICE ACTIVITY TO COUNTERACT T MAY BE OCCURRING IN AN AREA CLES OR ANTI SOCIAL BEHAVIOUR) | | | |
| Where is this project taking place? | | THROUGHOUT THE TROWBRIDGE AREA BOARD AREA | | | | | |
| When will the project take place? | | ONGOING FROM DECEMBER 2014 | | | | | |

| What evidence is there that this project/activity needs to take place/be funded by the area board? | THE BI-MONTHLY POLICE REPORTS PRESENTED TO THE AREA BOARD WHERE THE POLICE OFFICER HAS REGULARLY STATED THAT THEY WOULD LIKE TO HAVE A MORE RECOGNISABLE MOBILE PRESENCE IN THE TOWN, ESTATES & VILLAGES | | | | | | |
|--|--|-----------------------|--------------------|--|--|--|--|
| How will the local community benefit? | IMPROVED RECOGNITION OF THE NEI TEAMS. AN IDENTIFIABLE POLICE PR COMMENSURATE REDUCTION IN THE | ESENCE AND A | | | | | |
| Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description) | PUBLIC SAFETY | | | | | | |
| Does this project link to the Community Plan or local priorities? (if so, please provide details) | Community Plan or local priorities? | | | | | | |
| What is the desired outcome/s of this project? INCREASED AWARENESS OF THE NEIGHBOURHOOD POLICING CONCEPT, MAKING THE POLICE MORE ACCESSIBLE TO THE COMMUNITY - ESPECIALLY VULNERABLE GROUPS SUCH AS THE ELDERLY AND CHILDREN. A REDUCTION IN CRIME LEVELS. Who will be responsible for managing this project? | | | | | | | |
| INSPECTOR CHRIS CHAMMINGS | | | | | | | |
| 3. Funding | | | | | | | |
| What will be the total cost of the project? | £ 1750 | | | | | | |
| How much funding are you applying for? | £ 1750 | | | | | | |
| If you are expecting to receive any other funding for your project, please give details | Source of Funding | Amount Applied For | Amount Received | | | | |
| | | | | | | | |
| Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account) | TO BE ADVISED | | | | | | |
| 4. Declaration – I confirm that | | | | | | | |

| ☐ The information on this form is correct and that any grant received will be spent on the activities specified | | | | | | |
|---|--------------------------|--|--|--|--|--|
| | | | | | | |
| Name: | Date : 05/11/2014 | | | | | |
| Position in organisation: Chairman Cllr Graham Payne | | | | | | |
| Please return your completed application to the appropriate Area Board Locality Team (see section 3) | | | | | | |