Section 4



Reference no
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 organisati	on or group					
Name of	Corsley Reading	g Room				
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit or Other, please s		Parish <i>i</i>	town council 🗌		
2. Your project						
Project Title/Name	Replacement of	old and worn cha	nirs			
What is your	Corsley Reading	Room is used re	gularly fo	or a range of functions includ	ing : Womens	
project about and				es , coffee mornings, parish o		
what does it aim to				or up to 100 people, and a nu		
achieve?	public events held by organisations from the local community and surrounding towns and					
Important: This	villages.	antly in use are of	d plactic	ones wern and uncomfortab	alo and difficult to	
		ently in use are old plastic ones, worn and uncomfortable and difficult to of differing frame designs. Replacement with modern upholstered chairs, of				
600 characters only		on and easy to s			priorotorea oriano, or	
(inclusive of	,			,		
spaces).						
In which community area does your project take place? (<i>Please give name</i> – see section 3		Corsley				
I/we have discussed	our project					
with the town/parish council?		Yes	Date		No 🛚	
I/we have discussed	our project					
with our Wiltshire councillor?		Yes 🗌	Date		No 🗵	

Where will your project take place?	Corsley Reading Rooms				
When will your project take place?	as soon as funding is available				
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	Awareness by the Management Committee that replacement chairs were neccessary reinforced by a growing number of complaints that the chairs are uncomfortable and, in many cases unsteady, and are difficult to stack safely because of wear and tear over the years.				
Important: Please do not type/write in paragraphs – This section is limited to 700 characters only (inclusive of spaces)					
How many people will benefit from your project?	Corsley population (est 700)				
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. Any other information about your pro The Reading Room is used regularly by	groups in Corsley and we have a growing n the comfort of chairs and making them eas	umber of external bookings .			
To be completed ONLY where to	own/parish councils are making a	n application			
Is your project one which parish/town taxes to fund?	councils have powers to raise local	Yes No No			
Could your project be funded from yo	Yes No No				
Is your project urgent (having to be co answer YES please provide evidence	Yes No No				

3. Management						
How many people are involved in the Of these, how many are:	man	agement o	f your group/	organisatior	1?	
Over 50 years	Male	4	Female	8		
25 – 50 years	Male		Female			
Under 25 years	Male		Female			
Disabled People	Male		Female			
Black and Minority Ethnic people	Male		Female			
If your project will continue after the not a recurring cost	If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it? not a recurring cost					e to fund it?
How will you know whether your pro collected to enable you to know that local need? Feedback from hall users re comfort an	the p	roject has	made a posit	ive impact o		
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Ye	es 🗌	Date conta	cted CIB		No 🛚
To whom have you applied for		Name of Funder			Amount Applied For	Amount Received
funding for this project (other than Wiltshire Council)?	El	Elizabethan Evening			£500	£320
Please <u>list</u> 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? If yes, please state which one(s).	Ye	es 🗌	No 🏻			
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project		es 🗌	No 🗵			

4. Information relating to your la	st annual	accounts	(if applicable)		
Year ending: 2011 Month: Sep		otember	Year : 2011		
A - Total income:					
B - Minus total expenditure:	£5600-92				
Surplus/deficit for year: (A minus B)	£4757-12				
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£3500-00				
5. Financial information – If you of provide us. If you have to pay the V					
Project Costs A Please provide a <u>full</u> breakdown e.g. ecinstallation etc.	quipment,	Please lis	ncome B st all sources of fundi nal (P) or confirmed (C		s project, as
100	0.5			P/C	00.007
100 new chairs inc VAT	£ 4,794	Own fund	draising/reserves	С	£ 2,287
trolleyx1	£100.74				£
	£	Parish/to	wn council		£
	£				£
	£	Trusts/fo	oundations		£
	£				£
	£	In kind			£
	£				£
	£				
	£	Other			£320
	£				£
Total Project Expenditure	£4,894	Total Pro	ject Income		£ 2,607
Total project income B	•	£2,607			
Total project expenditure A	£4,894				
Project shortfall A – B	£2,287				
Grant sought from Wiltshire Council Ar	£2,287				
Bank Details					
Please give the name of the organisation account e.g. Barclays	ons' bank				
Please give the name of the organisation account e.g. Chippenham Scouts	ons' bank				

6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered					
Enclosed (please tick)					
□ 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 □ Safeguarding Adults					
□ Public Liability Insurance □ Equal opportunities					
☐ Planning permission applied for (date) or granted (date)					
$oxed{\boxtimes}$ 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: 15/10/2012					
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality Team (see section 3)					