

Area Board Projects and Councillor Led Initiatives Application Form 2014/2015

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 | Westbury | | |
| Your Name | Cllr Russell Hawker | | |
| Contact number | 01373 822574 | e-mail | russell.hawker@wiltshire.gov.uk |

2. The project

| | | | |
|--|--|--|--|
| Project Title/Name | Kitchen Refurbishment | | |
| Please tell us about the project /activity you want to organise/deliver and why? <i>Important: This section is limited to 900 characters only (inclusive of spaces).</i> | <p><i>Grassacres Hall is owned and operated by the Welfare of the Elderly Association in Westbury. Although available for public hire the hall is primarily used for the delivery of Older Peoples events including luncheon clubs, Chiropady Services operated in partnership with the local Health Centre and until recently a Saturday Club for Older Adults suffering from Dementia run in association with Alzhimers Support (West Wiltshire).</i></p> <p><i>This is an important community Hall and the Kitchen is integral to the success of the services for Older Adults that operate from it.</i></p> <p><i>A recent inspection by the Health & Safety Inspectorate focused on the kitchen facilities which are clean & healthy but they are nevertheless old and difficult to maintain in the state that the older people might expect.</i></p> | | |
| Where is this project taking place? | Grassacres Hall, Westbury | | |
| When will the project take place? | 01/11/2015 | | |
| What evidence is there that this project/activity needs to take place/be funded by the area board? | The Hall attracts few private hires and its clients are primarily from a recognised area of deprivation and costs are minimal. The hall struggles to make money or raise a surplus. | | |

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|---|--|---------------------------|-------------------------|
| How will the local community benefit? | The clubs are operated by community volunteers offering meals at cost price. The benefit of these clubs is that they get older people out of their homes, reduces social isolation and loneliness and contributes to their health & wellbeing. Happy, contented people are better able to maintain their independence, lead more productive lives and are less of a drain on statutory services. This is a vital service in the community and a replacement kitchen is integral to its survival. | | |
| Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description) | Yes, see above | | |
| Does this project link to the Community Plan or local priorities? (if so, please provide details) | Westbury Community Plan and Wiltshire Councils Business Plan | | |
| What is the desired outcome/s of this project? The survival of the clubs, better facilities, easier maintenance, enhanced presentation of food | | | |
| Who will be responsible for managing this project? The Welfare of the Elderly Association | | | |
| 3. Funding | | | |
| What will be the total cost of the project? | £ 6750 | | |
| How much funding are you applying for? | £ 5000 | | |
| If you are expecting to receive any other funding for your project, please give details | Source of Funding | Amount Applied For | Amount Received |
| | Donations | | 2000 |
| | | | |
| 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) | Westbury/Wiltshire/WelfareOfThe ElderlyAssociation | | |
| 4. Declaration – I confirm that... | | | |
| <input checked="" type="checkbox"/> The information on this form is correct and that any grant received will be spent on the activities specified <input type="checkbox"/> Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application | | | |
| Name: Susan Ezra | | | Date: 30/09/2015 |
| Position in organisation: Chairperson | | | |
| Please return your completed application to the appropriate Area Board Locality Team (see section 3) | | | |