



Reference no

Item no.13
Appendix 6Log no
TID 011/10**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 | LUDGERSHALL TOWN COUNCIL | | |
| Contact name | | | |
| Contact address | | | |
| Contact number | | e-mail | |
| Organisation type | Not for profit organisation <input type="checkbox"/> Parish/town council <input checked="" 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) | Tidworth Community Area Board |
| Does your town/parish council know about your project? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What is your project? Important: This section is limited to 300 characters only (inclusive of spaces). | Purchase and install christmas lights to decorate 4 trees in Ludgershall Car Park. |
| Where will your project take place? | Ludgershall |
| When will your project take place? | 1 st December 2010 |
| How many people will benefit from your project? | All residents' and passing traffic |
| How does your project demonstrate a direct link to the community plan for your area? | N/A |
| Please provide a reference/page no. | N/A |

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

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)
Comments from local residents and local businesses that Ludgershall lacked any festive spirit. The car park is central to the shopping area and will enhance the area over the festive period. The project is very small due to financial constraints but will benefit people and children of all ages.

Any other information about your project.

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" value="13"/> | Female | <input type="text" value="2"/> |
| 25 – 50 years | Male | <input type="text" value="3"/> | 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?

The lights will remain in the trees so the ongoing small repairs will be funded from our annual precept.

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

The Town Council would try and find further funding.

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

From local feedback.

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)?

Local businesses

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: March 2010

Month: March

Year: 2010

A - Total income:

£109,632-00p

B - Minus total expenditure:

£72,566-00p

Surplus/deficit for year: (A minus B)

£37,066

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 | |
| Purchase & install | £1,200 | Own fundraising/reserves | c | £196 |
| | £ | | | £ |
| | £ | Parish/town council | c | £500 |
| | £ | | | £ |
| | £ | Trusts/foundations | | £ |
| | £ | | | £ |
| | £ | In kind | | £ |
| | £ | | | £ |
| | £ | Other | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| Total Project Expenditure | £1,200 | Total Project Income | | £696 |
| Total project income B | | £696 | | |
| Total project expenditure A | | £1,200 | | |
| Project shortfall A – B | | £504 | | |
| Award sought from Wiltshire Council Area Board | | £500 | | |
| Bank Details | | | | |
| Please give the name of the organisations' bank account e.g. Barclays | | Lloyds TSB | | |
| Please give the title name of the organisations' bank account e.g. current | | current account | | |

6 – Supporting information – Please enclose the following documentation

Enclosed (please tick)

- Written quotes including the one you are going to use
- Latest inspected/audited accounts or annual report
- Income and expenditure budget for current financial year
- Project budget (if applicable)
- 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 - 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?

N/A

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

N/A

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:

Date: 18/10/2010

Position in organisation: Clerk

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