

Reference no
Log no

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 organisat	tion or group				
Name of	Corsham Town Council				
organisation					
Contact name					
Contact address	Т				
Contact number		e-mail t			
Organisation type	Not for profit or	rganisation Parish/town council			
	Other, please s	pecify			
2 – Your project					
In which community a project take place? (Finame – see section 3 pack)	Please give of the grants	Corsham			
Does your town/paris		Yes ⊠ No □			
What is your project? Important: This section 300 characters only (spaces).	on is limited to	Provision of lighting to extend availability of the facility during dark periods from dusk to 9.30pm. For reasons of safety, lighting will be dimmed to half power for a period, with full switch down at 9.30pm or at an earlier time if required.			
Where will your proje	ct take place?	Springfield Recreation Ground, Corsham			
When will your project	ct take place?	Within three months of funds being available			
How many people will your project?	I benefit from	Over 100 but for many generations			
How does your project demonstrate a direct link to the community plan for your area?		Culture, Recreation etc - lack of places for young people to meet, provision of a skate facility, enhanced facilities for young people.			
Please provide a reference/page no.		Version 1.0 P21, Update 2008/09 P6.			

What is the link between your projet parish plans.	ct and other local priorities? e.g. Priorities set by your area board and					
Under "Recreation, Culture and Leisu Corsham Town Council Corporate Pla	re" - lack of actiivities and facilities for young people. In = Active Community - Facilities for young people; Safe Community - Range d quality open spaces and play areas.					
or opportunities for young poopie, goo	a quanty open opened and play arous.					
Handid on discount hand						
community?	need for your project and how will your project benefit your local					
Important: Please do not type in pa spaces)	ragraphs – This section is limited to 1200 characters only (inclusive of					
people were asked what type of ska money towards the £100,000 project benefits include giving young peop keep skaters out of inappropriate p	tham was highlighted by both young and old over ten years ago. Young ate facility they would like and helped design it and raise some of the ct. The requirement was included in the 2005-15 Communtiy Plan. The le a safe and suitable place to take part in their sporting activity. It helps laces to skate, such as car parks. The lighting will extend and increase it attracts skaters and rollerbladers from across the community area and					
Any other information about your project. The skate park's popularity has increased since it was opened in July 2006. Whilst the facility is the overall responsibility of Corsham Town Council it is overseen by a Management and Maintenance Group to help ensure that it is kept to a high standard. Eighteen skateboarders and rollerbladers were canvassed during the weekend of 2 and 3 October 2010 for their views on the proposal to light the facility in the evenings. They all supported the plans. These users of the facility were from Corsham, Box, Chippenham and Melksham.						
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3 - Management						
How many people are involved in the Of these, how many are:	ne management of your group/organisation? 20					
Over 50 years	Male 10 Female 7					
25 – 50 years	Male 1 Female 2					
Under 25 years	Male 0 Female 0					
Disabled People	Male Female					
Black and Minority Ethnic people	Male Female 0					
fund it?	ue after the Wiltshire Council funding runs out, how will you continue to he lighting through its annual revenue budget.					

If you were not awarded the full amount requested, what would be the impact on your project?									
There is a modest reserve held by the Skate Faciltiy Management and Maintenance group but not enough to complete the project and may be required for future developments. Other sources of funding would be needed if the project was to go ahead.									
How will you know whether your project	t has made a diffe	renc	e in the community?						
The scheme would be a success if usage	increased during dark evenings.								
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)?	No one								
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 la	st annual acco	unts	(if applicable)						
Year ending: 2009/10	Month: March		Year: 2010						
A - Total income:	£519834								
B - Minus total expenditure:	£459811								
Surplus/deficit for year: (A minus B)	£60023								
Free reserves held:	£78916								

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)				
		Ţ,	P/C			
Lighting	£ 6,014	Own fundraising/reserves	С	£3,307		
Provision for accessing ducting	£600			£		
	£	Parish/town council		£		
	£			£		
	£	Trusts/foundations		£		
	£	La Lind		£		
	£	In kind		£		
	£	Other		£		
	£	Other		£		
	£			£		
	£			£		
	£	<u> </u>		£		
Total Project Expenditure £6,614		Total Project Income		£3,307		
Total project income B		£3,307				
Total project expenditure A		£6,614				
Project shortfall A – B		£3,307				
Award sought from Wiltshire Council	Area Board	£3,307				
Bank Details						
Please give the name of the organisat account e.g. Barclays	tions' bank					
Please give the title name of the orgal bank account e.g. current	nisations'					
6 - Supporting information - P	lease enclo	ese the following document	ation			
Enclosed (please tick)						
Written quotes including the one year Written quotes including the other properties in th	ou are going to	use				
□ Latest inspected/audited accounts	or annual rep	ort				
☐ Income and expenditure budget for	or current finan	cial year				
Project budget (if applicable)						
☐ Terms of reference/constitution/gr	oup rules					
Evidence of ownership/lease of bu	ildings and/or	land				
For new groups, only the group's terr covering a period of 12 months is req		ce and a projected income and ex	cpenditur	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?
This facility is accessible to all. It is widely used by a mix of ethnic and white young people, some of whom may be disadvantaged.
b) How does your project work to promote inclusion, participation and good community relations?
The facility is open to everyone and has successfully reduced the number of young people skating in the town centre and car parks, thus removing a nuisance and annoyance to other residents.
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
 ☑ Equal opportunities ☑ Access audit ☑ Environmental impact ☑ Planning permission applied for (date) Oct '10 or granted (date)
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☐ Planning permission applied for (date) Oct '10 or granted (date) ☐ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website
☐ Planning permission applied for (date) Oct '10 or granted (date) ☐ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.
 ☑ Planning permission applied for (date) Oct '10 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.