

## 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	Ramsbury Neighbourhood First Responder Team		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input 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)	Marlborough 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).	Installation of up to 4 community Public Access Defibrillators (cPADs) in Ramsbury with access controlled by the Ambulance Service. Also training of village residents in both Cardio Pulmonary Resuscitation (CPR) and the use of a defibrillator.
Where will your project take place?	Ramsbury
When will your project take place?	2011
How many people will benefit from your project?	All residents of the village
How does your project demonstrate a direct link to the community plan for your area?  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.

The project will::

- 1) make Life saving equipment available in a village whose location means that ambulance response times are longer than national recommendations
- 2) give basic first aid training to a large number of residents and make them more aware of what to do in a medical emergency

**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)**

**Ramsbury already have a volunteer Neighbourhood First Response team and a co-responder arrangement with the retained Fire Brigade but neither of these is able to provide a permanent 24/7 rapid availability of access to a defibrillator. Experience in other rural locations has shown that rapid access to a defibrillator (supervised by the Ambulance Service) can save lives.**

**Any other information about your project.**

The Parish Council has agreed to fund the provision of local training sessions (to be provided by an authorised trainer assisted by the Ramsbury NFR team). These will start once the first Defibrillator has been installed with the aim of training at least 10% of the village in the use of CPR and the defibrillator.

Ramsbury NFR are an operational unit and do not hold any funds (funds raised for the operation of the Ramsbury NFR team are managed by St Johns Ambulance Service). Funds raised locally for the cPAD project are being held by Ramsbury & Axford Parish Council until sufficient is raised to purchase each cPAD. Then payment for each unit will be made to Community Heartbeat UK (the charity which supplies and maintains the units)

Installation of cPAD's is a policy supported by GWAS where access to the kit by members of the public is controlled by the Ambulance Service.

### 3 - Management

**How many people are involved in the management of your group/organisation? 5**

**Of these, how many are:**

**Over 50 years**

**Male**

**Female**

**25 – 50 years**

**Male**

**Female**

**Under 25 years**

**Male**

**Female**

**Disabled People**

**Male**

**Female**

**Black and Minority Ethnic people**

**Male**

**Female**

**If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?**

The installation cost of each defibrillator includes maintenance for 7 years. The Ramsbury NFR Group (which will look after the installed kit) is already in operation and has been funded by local donations.

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

We would need to reduce the number of cPADs purchased

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

A series of successful local training sessions will increase first aid awareness and knowledge within the village. As access to the defibrillators will be controlled by the Ambulance Service the actual outcomes of any operational use would be confidential.

**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)?**

The local village community and the Ramsbury Surgery

**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:**

**Month:**

**Year:**

**A - Total income:**

£

**B - Minus total expenditure:**

£

**Surplus/deficit for year: (A minus B)**

£

**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 of first cPAD	£1,700	<b>Own fundraising/reserves</b>	C	£3,400
Purchase of second cPAD	£1,700	Additional local fundraising	P	£
Purchase of third cPAD	£1,700	<b>Parish/town council</b>		£
Purchase of fourth cPAD	£1,700	(hall hire for training)	C	£150
Hall Hire For Training	£150	<b>Trusts/foundations</b>		£
Electrical Installation	£400			£
6 Training Courses (2hr each)	£600	<b>In kind</b>		£
	£	Electrical Work & Trainers	C	£1,000
	£	<b>Other</b>		£
	£			£
	£			£
	£			£
	£			£
<b>Total Project Expenditure</b>	<b>£7,950</b>	<b>Total Project Income</b>		<b>£4,450</b>

<b>Total project income B</b>	£4,450
<b>Total project expenditure A</b>	£7,950
<b>Project shortfall A – B</b>	£3,400
<b>Award sought from Wiltshire Council Area Board</b>	£3,400
<b>Bank Details</b>	
<b>Please give the name of the organisations' bank account e.g. Barclays</b>	Alliance & Leicester
<b>Please give the title name of the organisations' bank account e.g. current</b>	Ramsbury & Axford Parish Council - 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?**

More people in the village will have access to timely emergency treatment which is potentially life saving.

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

This project will encourage participation in training in CPR and first aid and will make people more aware of their ability to help in an emergency.

**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:

Position in organisation:

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