

Community Area Grant Application Form

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**

| 1 - Your Organisation or Group | | | |
|---|--|---------------|--|
| Name of Organisation | Mansion House Playgroup | | |
| Contact Name | | | |
| Contact Address | | | |
| Contact number | | e-mail | |
| Organisation Type | Non profit organisation <input checked="" type="checkbox"/> Parish/Town Council <input type="checkbox"/> Other <input type="checkbox"/> | | |
| 2 – Your Project | | | |
| In which Community Area does your project take place? (Please give name – see pp 2-4 of funding pack) | Corsham | | |
| In which Parish does your project take place? | Corsham | | |
| What is your project? | To purchase a shed to use for storage to protect play equipment from the elements so therefore prolonging the life of equip | | |
| Where will your project take place? | Mansion House Playgoup | | |
| When will your project take place? | March 2009 | | |
| Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no. | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Please confirm your project will be completed by 31st March 2010 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| What community benefits will your project provide and, who are the beneficiaries (e.g. numbers of people, age, gender, particular groups) <small>IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)</small> The community benefit will be that the children will be able to explore and play in the outdoors more if the equipment is used to its full potential and not left to the elements to become water damaged. It is vety important for children to be able to explore the outdoor environmnet with all available ttols and equipment. Children will be able to develop new skills from regular use and access to equipment. If we are able to store the equipment properly and more securly then it will last longer and therefore reduce the financial burden of replacing the equipment. Some of the tools we need to store are for our gardening project which encourages children to learn how vegetables grow and increasing awareness of the outdoors. | | | |

Wiltshire Council will be unable to meet the ongoing costs of your project. Please describe, therefore, how you will ensure the financial sustainability of your project beyond the period of this grant (if successful)?

As mentioned above. If we are able to store the equipment securely and protect it from the elements then the burden of replacing equipment will be greatly reduced.

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures

Please tell us more about the organisations and groups that are involved in your project, who will benefit from the award and how will you know that it is making a difference.

IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)

The Mansion House Playgroup have been in existence for a number of years and have recently re located to the present building. The playgroup have benefitted numerous families over the years it has been in operation and is a valued community asset.

4 – Relationship between your project and Wiltshire Council priorities. Which of the following statements apply to the project/service you hope to provide? Please tick as many as you think apply.

| The project will: | |
|--|-------------------------------------|
| Engage with local people to find out their priorities and work with them to deliver solutions | <input type="checkbox"/> |
| Increase number of local people involved in regular volunteering | <input checked="" type="checkbox"/> |
| Increase the number of affordable homes | <input type="checkbox"/> |
| Improve access to services for people with dementia | <input type="checkbox"/> |
| Improve access to primary care services for people with learning disabilities | <input type="checkbox"/> |
| Encourage people to make lifestyle changes that will have a positive impact on the health of both themselves and their family | <input checked="" type="checkbox"/> |
| Improve adult participation in sport | <input type="checkbox"/> |
| Improve young people's participation in positive activities | <input checked="" type="checkbox"/> |
| Improve business productivity through innovation e.g. provide business with specific information, knowledge events and other support | <input type="checkbox"/> |
| Increase the number of people who feel safe in their community | <input type="checkbox"/> |
| Improve local area through intergenerational activities such as street clean ups and community events | <input type="checkbox"/> |
| Reduce perceptions of antisocial behaviour | <input type="checkbox"/> |
| Reduce deaths through accidents | <input type="checkbox"/> |
| Increase uptake of energy efficiency and renewable energy measures | <input type="checkbox"/> |
| Increase levels of recycling and re-using household waste especially amongst those people who currently do not recycle | <input type="checkbox"/> |
| Increase awareness of climate change adaptation, leading to action taken by individuals, communities and businesses | <input type="checkbox"/> |
| Reduce carbon emissions from transport through development, sustainable transport, traffic management and new technology | <input type="checkbox"/> |
| Improve local biodiversity | <input checked="" type="checkbox"/> |

THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED

5 – Information relating to your last annual accounts (if applicable)

| | | |
|----------------------------------|---------------|--------------|
| Year Ending: 31/03/09 | Month: | Year: |
| Total Income: | £187,457 | |
| Minus Total Expenditure: | £219,655 | |
| Surplus/Deficit for year: | £32,198 | |
| Reserves held: | £4396 | |

6 - 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 | |
| Shed for storage | £975 | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| TOTAL PROJECT EXPENDITURE | £975 | TOTAL PROJECT INCOME | | £ |
| Total Project Income B | | £ | | |
| Total Project Expenditure A | | £ | | |
| Project Shortfall A - B | | £ | | |
| Award sought from Wiltshire Council Area Board | | £975 | | |
| Is your organisation able to claim VAT? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |

7 – Management

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

| | | |
|---|------|--------|
| People Over 50 years | Male | Female |
| People Under 25 years | Male | Female |
| Disabled People | Male | Female |
| Black & Minority Ethnic people | Male | Female |

8 – Supporting Information – Please enclose the following documentation

Enclosed (please tick)

- Latest inspected/audited accounts or Annual Report
- Income & expenditure budget for current financial year
- Project budget (if applicable)
- Terms of Reference/Constitution/Group Rules

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.

9 – Equal Opportunities – To assist us with our equalities monitoring please indicate whether your application is specifically targeted at people within one or more of the six equality strands. You may tick yes for more than one category e.g. if your project is for ethnic minority senior citizens.

Please note that by answering NO to any of the following questions WILL NOT PREJUDICE your application.

a) Is your project targeted towards, or of particular relevance to, people of a specific age?

Yes No If 'Yes' please tick... Under 25's Over 50's

b) Is your project targeted towards, or of particular relevance to, people with disabilities (physical or mental/emotional)?

Yes No

c) Is your project targeted towards, or of particular relevance to, people of a specific gender?

Yes No If 'Yes' please tick.... Male Female

d) Is your project targeted towards, or of particular relevance to, people of a specific sexuality?

Yes No If 'Yes' please tick.... Gay Lesbian Bisexual

e) Is your project targeted towards, or of particular relevance to, people from a specific ethnic background?

Yes No If 'Yes', indicate the ethnic background of the people who will benefit from your project.

White British Irish Other **Mixed** Mixed ethnic background

Asian or Asian British Indian Pakistani Bangladeshi Other Asian

Black or Black British Caribbean African Other Black

Chinese or other ethnic group Chinese Other ethnic group

f) Is your project targeted towards, or of particular relevance to, people from a specific religion or faith?

(e.g. a Muslim women's sports club, which encourages active participation, rather than promoting religious beliefs)

Yes No If 'Yes' please specify

10 – Declaration (on behalf of organisation or group) – I confirm that.....

Accounts and quotes where appropriate are enclosed.

A copy of our constitution or terms of reference are enclosed.

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 or printed material.

I give permission for press and media coverage by Wiltshire Council in relation to this project.

Name:

Position in organisation:

Date:

Please return your completed application to the appropriate Area Board Locality Team (see pages 9-10)