Wiltshire Council
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Reference no
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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	Kilmington Parish Council
Contact name	
Contact address	
Contact number	e-mail
Organisation type	**Not for profit organisation** ☐ **Parish/town council** ☒ **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)	Mere Community Area
Does your town/parish council know about your project?	**Yes** ☒ **No** ☐
What is your project? **Important: This section is limited to 300 characters only (inclusive of spaces).**	We would like to purhcase a Public Access Defibrillator (PAD) from the Community Heartbeat Trust for our Parish. If possible, this will be fitted in the centre of Kilmington on or near a Dwelling named Thetford.
Where will your project take place?	Kilmington
When will your project take place?	Spring and Summer 2011
How many people will benefit from your project?	About 400 residents plus visitors
How does your project demonstrate a direct link to the community plan for your area? **Please provide a reference/page no.**	Access to emergency heath services is not always good; a PAD would help government targets of 75% of life threatening calls to be answered in 8 mins. Page 18 Social care and health

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

Kilmington PC recognises proven need for quicker access to emergency services in Kilmington and rates provision of a PAD as a high priority for its high percentage of elderly residents and remoteness from emergency services.

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)

The community is concerned about the reaction times to heart attack patients. The Parish Council were sent information regarding the PAD, and as ambulances generally can take some 40-45 mins to reach our community we thought it was a great life saving project. The PAD is available to the public 24 hours a day and no specialist training is required, any member of the public can use the PAD.

As soon as a 999 call is made the emergency services are aware of the location of the defibrillator and will issue the key code to release the unit. At this point the Air Ambulance is also despatched. When the unit is swiched on full instructions are given as to the use of the unit (it talks you through each step of the procedure). Using the unit can increase survival rate by 60% to 80%, thus benefiting the local community and any visitors.

Any other information about your project.

Reason for PAD location choice: geographically close to the most potential users, also high profile position.

3 - Management

How many people are involved in the management of your group/organisation? 8
Of these, how many are:

Over 50 years	**Male**	6	**Female**	1
25 – 50 years	**Male**		**Female**	1
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?

This application is to contribute towards the initial set up cost of the project. Subsequent running costs are anticipated to be relatively low and are expected to be met by fund raising.

If you were not awarded the full amount requested, what would be the impact on your project?
Delayed implementation whilst additional funds are raised.

How will you know whether your project has made a difference in the community?
Life-saving results will be directly measurable. Also, it will create community cohesion and confidence as the PAD installation will be advertised in The Kilmington Pink Paper, and achieved by Community Fundraising event already held, Village Amenity Fund and Community Area Grant.

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)?	Community fund raising event, and local village amenity fund
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? **If yes, please state which ones.**	**Yes** ☐ **No** ☒
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:** March	**Year:** 2010
A - Total income:	£7828	
B - Minus total expenditure:	£7983	
Surplus/deficit for year: (A minus B)	£155 deficit	
Free reserves held:	£7748 - all reserves allocated	

5 - Financial information

Project Costs A Please provide a full 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 & Installation of PAD	£1,700	**Own fundraising/reserves**	C	£
Installation, electrical supply	£252			£
	£	**Parish/town council**	C	£50
	£	VAT element of instal reclaimed	C	£42
	£	**Trusts/foundations**		£
	£	Village Amenity Fund	C	£384
	£	**In kind**	C	£
	£			£
	£	**Other**		£
	£	Community fund raising event	C	£500
	£			£
	£			£
	£			£
Total Project Expenditure	£1952	**Total Project Income**		£976

Total project income B	£976
Total project expenditure A	£1,952
Project shortfall A – B	£976
Award sought from Wiltshire Council Area Board	£976
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	Kilmington Parish Council

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?**

This project benefits ALL members of and visitors to our community.

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

As a Parish Council we will contact or make known to all residents within our community, to raise awareness of this potentially life saving project, giving the opportunity for them to support it and take ownership of it, and increase residents' confidence in improved local emergency health services

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:** 07/02/2011
Position in organisation:	

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