

| Reference no |
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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 Vour organicat   | tion or aroun                |  |  |  |  |
|--|------------------------------|--|--|--|--|
| 1 - Your organisat   |                              |  |  |  |  |
| Name of Wiltshire Mind   |                              |  |  |  |  |
| organisation   |                              |  |  |  |  |
| Contact name   |                              |  |  |  |  |
| Contact address  |                              |  |  |  |  |
| Contact number   |                              | e-mail i   |  |  |  |
| Organisation type  | Not for profit or            | rganisation 🗵 Parish/town council 🗌  |  |  |  |
|  | Other, please s              | pecify   |  |  |  |
| 2 - Your project   |                              |  |  |  |  |
| In which community project take place? (Finame – see section 3 pack)                 | Please give<br>of the grants | Chippenham   |  |  |  |
| Does your town/paris   | h council                    |  |  |  |  |
| know about your proj   | ect?                         | Yes ⊠ No □   |  |  |  |
| What is your project? Important: This section 300 characters only (spaces).          | on is limited to             | We would like to offer our Chippenham clients a six month art therapy course, run once a week for 3.5 hours. The course would be run by a qualified Art Therapist, Anita Bradford, a member of the British Association of Art Therapists and the Health Professions Council. |  |  |  |
| Where will your proje  | ct take place?               | Chippenham   |  |  |  |
| When will your project   | ct take place?               | Once a week for 6 months   |  |  |  |
| How many people will your project?   | I benefit from               | 10-12  |  |  |  |
| How does your project demonstrate a direct link to the community plan for your area? |                              | Increased likelihood of employment; Health Deprivation- improving health / well being, (physical and mental) and Leisure / Arts Development.   |  |  |  |
| Please provide a reference/page no.  |                              | 1.3, 6.1 and 8.3   |  |  |  |

What is the link between your project and other local priorities? e.g. Priorities set by your area board and The priority action of the local agreement for Wiltshire will review and improve the service the Council provides to people who have dementia and other mental health problems. The project links in with this priority in that it will aim to improve mental well being of participants. 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) We discovered there was a need for our project by running pilot projects in Trowbridge and Chippenham staffed by a volunteer art therapist. The pilot project has proven to be a great success with good attendance. An average of 6 clients have attended per week since October 2010 in Trowbridge whilst an average of 4-6 clients have attended the Chippenham group per week over the same time period. Examples of the artwork for this pilot project can be seen on www.wiltshiremind.co.uk. The overall aim is to benefit clients to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment. Art therapy differs from other psychological therapies in that it is a three way process between the client, the therapist and the image or artefact. Thus it offers the opportunity for expression and communication and can be particularly helpful to people who find it hard to express their thoughts and feelings verbally, a problem experienced by many of our client members. The benefit of a 6 month course is that the work is more in depth, relationships are built up, helping client members where possible recover from mental illness. Any other information about your project. Art therapy is a form of psychotherapy that uses art as its primary mode of communication. Clients who are referred to an art therapist need not have previous experience or skill in art and the art therapist is not primarily concerned with making an aesthetic assessment of the client's image. Art therapists have a considerable understanding of art processes and a sound knowledge of therapeutic practice. They work with both individuals and groups in a variety of settings, including adult mental health. The work can be challenging, calling for skill and sensitivity and art therapists need to be mature, flexible people. 3 - Management How many people are involved in the management of your group/organisation? Of these, how many are: 4 **Female** 2 Male Over 50 years 1 25 - 50 years Male **Female** Male **Under 25 years 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? As there is a proven demand for the service the project is likely to continue after 6 months. Therefore towards the

As there is a proven demand for the service the project is likely to continue after 6 months. Therefore towards the end of the initially funded period we would make fresh applications for funding to various organisations with the intention of continuing the project.

| If you were not awarded the full amount requested, what would be the impact on your project?  |                            |       |  |  |  |  |  |  |
|---|----------------------------|-------|--|--|--|--|--|--|
| It would possibly delay the start of the project depending on the outcome of the funding application to Chippenham Town Council.  |                            |       |  |  |  |  |  |  |
|   |                            |       |  |  |  |  |  |  |
|   |                            |       |  |  |  |  |  |  |
| How will you know whether your project  | t has made a differ        | enc   | e in the community?                            |  |  |  |  |  |
| We will conduct evaluation questionnaires at the end of the initial six month funded period to assess how the project has made a difference. Feedback received from users of the pilot schemes that have been run show that a difference will be made. Comments received included - 1)" I felt really low when I came to the group and the Art therapy cheered me up." 2) " I am an artist but my depression has worsened and I am not motivated. Doing art here again today I am motivated and encouraged" |                            |       |  |  |  |  |  |  |
| Have you contacted Charities<br>Information Bureau for help with your<br>application/ to seek funding?  | Yes 🛚                      | No    |  |  |  |  |  |  |
| To who have you applied for funding for this project (other than Wiltshire Council)?  | Chippenham Towr<br>Charity | ı Coı | uncil, National Mind, Chippenham Borough Lands |  |  |  |  |  |
|   |                            |       |  |  |  |  |  |  |
| 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: March               |       | Year: 2010                                     |  |  |  |  |  |
| A - Total income:   | £216,813                   |       |  |  |  |  |  |  |
| B - Minus total expenditure:  | £221,121                   |       |  |  |  |  |  |  |
| Surplus/deficit for year: (A minus B)   | £4308 deficit              |       |  |  |  |  |  |  |
| Free reserves held:   | £35.143                    |       |  |  |  |  |  |  |

| 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       |          |  |  |
| Therapist  | £2,363        | Own fundraising/reserves  |           | £        |  |  |
| Mileage at 40p per mile  | <b>£</b> 432  |   |           | £        |  |  |
| Room hire  | £135          | Parish/town council   | Р         | £1,600   |  |  |
| Materials  | <b>£</b> 270  |   |           | £        |  |  |
|  | £             | Trusts/foundations  |           | £        |  |  |
|  | £             |   |           | £        |  |  |
|  | £             | In kind   |           | £        |  |  |
|  | £             | Other   |           | £        |  |  |
|  | £             | Other   |           | £        |  |  |
|  | £             |   |           | £        |  |  |
|  | £             |   |           | £        |  |  |
|  | £             |   |           | £        |  |  |
| Total Project Expenditure  | £3,200        | Total Project Income  |           | £1,600   |  |  |
| Total project income B   |               | £1,600  |           |          |  |  |
| Total project expenditure A  |               | £3,200  |           |          |  |  |
| Project shortfall A – B  |               | £1,600  |           |          |  |  |
| Award sought from Wiltshire Council Area Board   |               | £1,600  |           |          |  |  |
| Please give the name of the organisations' bank account e.g. Barclays                    |               | The Co-operative bank   |           |          |  |  |
| Please give the title name of the organisations' bank account e.g. current               |               | Community Directplus Account  |           |          |  |  |
| 6 - Supporting information - Plea  | ase enclos    | se the following documenta  | tion      |          |  |  |
| Enclosed (please tick)   |               |   |           |          |  |  |
| ☐ Written quotes including the one you a   | are going to  | use   |           |          |  |  |
| □ Latest inspected/audited accounts or   | annual repo   | ort   |           |          |  |  |
| ☐ Income and expenditure budget for c  | urrent financ | cial year   |           |          |  |  |
| Project budget (if applicable)   |               |   |           |          |  |  |
| ☐ Terms of reference/constitution/group rules  |               |   |           |          |  |  |
|  |               |   |           |          |  |  |
| For new groups, only the group's terms covering a period of 12 months is require         |               | e and a projected income and exp  | oenditure | 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: |    |
|---|----|
| <ul> <li>a) How does your project work to either (a) promote equality and access to services/facilities, and/or</li> <li>(b) reduce disadvantage?</li> </ul>  | r  |
| Due to cuts in NHS and social services many mental health sufferers may not be funded for therapies the can benefit from. This art therapy service will be free to the user at point of delivery regardless of means testing. Services are therefore accessed and disadvantage is reduced.  | ;y |
| b) How does your project work to promote inclusion, participation and good community relations?   |    |
| The project works to include those sectors of the community considered vulnerable to mental health issue with an interest in art. They will be able to participate in art therapy. The community will develop better relations with people recovering from mental health issues by accessing art therapy.   | es |
| 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   |    |
| igtimes Other disadvantaged groups (please state which groups) Those with mental health issues  |    |
| 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)   |    |
| $\boxtimes$ 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  |    |