

| Reference no |
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| 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 organisation | STAVERTON PARISH COUNCIL | | | | |
| Contact name | | | | | |
| Contact address | | | | | |
| Contact number | | e-mail | | | |
| Organisation type | Not for profit or | rganisation ☐ Parish/town council ⊠ | | | |
| Other, please s | | pecify | | | |
| 2 – Your project | | | | | |
| In which community area does your project take place? (Please give name – see section 3 of the grants pack) | | CENTRAL LOCALITY | | | |
| 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). | | TO INSTALL A FOOTPATH IN PLAY AREA TO GIVE ACCESS TO DISABLED ADULTS/CHILDREN IN WHEELCHAIRS AND TO PARENTS WITH PRAMS AND TO ACCESS SWING SUITABLE FOR DISABLED CHILDREN. | | | |
| Where will your proje | ct take place? | AT THE PLAY AREA SITUATED IN SCHOOL LANE, STAVERTON | | | |
| When will your project | ct take place? | IN MAY 2011 | | | |
| How many people wil your project? | I benefit from | All the community incl Disabled | | | |
| How does your project a direct link to the cofor your area? | | As part of the Parish Council's ongoing commitment to make all facilities available to all the community incl. the disabled and low income families | | | |
| Please provide a refe | rence/page no. | 1 | | | |

| What is the link between your proje parish plans. | ct and other local | priorities? e.g. P | riorities set by your area board and |
|---|--|---|--|
| We have been improving our sports fa | ay area is an alterr | native priority for o | and multi use hard court on our sports ur children. The Area Board has a policy |
| | | | |
| spaces) | ragraphs – This so w difficult it has b have been discus | ection is limited t been for parents a ssions between co | no 1200 characters only (inclusive of and disabled children to access these buncillors and residents and poor |
| difficult to take the pushchairs or w very difficult for adults and children a swing suitable for disabled children | heelchairs to the foot to negotiate this en, but access is far area and provish Council's comor of a rolling provint of a rolling provi | further most area play area withou patchy and haza vide another beno nmitment to improgramme of impro | a of the playground. Also it would be at support. We have recently installed rdous without a pathway. The council ch for visitors accompanying children ove these facilities for all the evements to this facility by allowing |
| the equipment did not meet with the la | of play equipment of test health and safe unity have suffered not available to ins | ety regulations. T d as a consequenc stall a footpath. It | |
| 3 - Management | | | |
| How many people are involved in the Of these, how many are: | e management of | f your group/orga | ınisation? |
| Over 50 years | Male 3 | Female 1 | |
| 25 – 50 years | Male 1 | Female 1 | |
| Under 25 years | Male | Female | |
| Disabled People | Male | Female | |
| Black and Minority Ethnic people | Male | Female | |
| If your project is intended to continuous fund it? We will have to postpone it until furthe | | | ing runs out, how will you continue to |
| | | | |
| | | | |
| | | | |

| If you were not awarded the full amoun | t requested, what v | woul | d be the impact on your project? |
|--|----------------------|--------|----------------------------------|
| The project would not go ahead until further | er funding could be | raise | d. |
| | | | |
| | | | |
| | | | |
| How will you know whether your project | t has made a diffe | renc | e in the community? |
| Immediately, with wheelchair users and pa | arents with prams us | sing t | he playarea. |
| | | | |
| | | | |
| | | | |
| Have you contacted Charities | | | |
| Information Bureau for help with your application/ to seek funding? | Yes | No | |
| approation to cook ramanig. | | | |
| To who have you applied for funding for this project (other than Wiltshire | None | | |
| Council)? | | | |
| | | | |
| | | | |
| Have you been successful? | Yes | No | |
| Have you or do you intend to apply | Yes | No | |
| for a grant from another area board within this financial year? | | | |
| If yes, please state which ones. | | | |
| | | | |
| | | | |
| Are you in receipt or anticipating other funding from Wiltshire Council | Yes | No | |
| for this project? | | | |
| 4 - Information relating to your la | st annual acco | unts | s (if applicable) |
| V 1 | Month | | Vann |
| Year ending: | Month: | | Year: |
| A - Total income: | £ See Attac | hed | Letter |
| 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. equ installation etc. | Jipment, | Project Income B Please list all sources of funding provisional (P) or confirmed (C) | | oroject, as | | |
| | | | P/C | | | |
| To install footpath inc material | £980 | Own fundraising/reserves | | £ 0 | | |
| | £ | D | | <u>E</u> | | |
| | £ | Parish/town council | | £0 £ | | |
| | £ | Trusts/foundations | | E 0 | | |
| | £ | Tradis/Touridations | | <u> </u> | | |
| | £ | In kind | 1 | £ 0 | | |
| | £ | | | ε | | |
| | £ | Other | | £ 0 | | |
| | £ | | | £ £ | | |
| | £ | | | <u>t</u> E | | |
| | £ | | | £ £ | | |
| Total Project Expenditure | £980 | Total Project Income | | E 0 | | |
| Total Project Experiulture | £900 | Total Froject income | | £U | | |
| Total project income B | | £0 | | | | |
| Total project expenditure A | | £980 | | | | |
| Project shortfall A – B | | £980 | | | | |
| Award sought from Wiltshire Council Ar | ea Board | £980 | | | | |
| Bank Details | | | | | | |
| Please give the name of the organisation account e.g. Barclays | ıs' bank | | | | | |
| Please give the title name of the organisations' bank account e.g. current | | | | | | |
| 6 – Supporting information – Plea | ase enclo | 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 | | | | |
| | urrent financ | cial year | | | | |
| Project budget (if applicable) | | | | | | |
| Terms of reference/constitution/group | p rules | | | | | |
| Evidence of ownership/lease of buildi | ngs and/or la | and | | | | |
| For new groups, only the group's terms covering a period of 12 months is requir | | e and a projected income and exp | enditure k | oudget | | |

| 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 is specifically targetted at disadvantaged groups to allow access to play facilities from all members of the community not just the able bodied. |
| b) How does your project work to promote inclusion, participation and good community relations? |
| By allowing access by this footpath to all the play area, this includes children and adults with disabilities, parents with pushchairs with younger children to participate in play which in turn promotes good community relations with other members of the community using the play facilties. |
| 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 This facility is free to all |
| ☑ Other disadvantaged groups (please state which groups) Disabled |
| 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. |
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