

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								
Name of ask Wiltshire								
organisation								
Contact name								
Contact address								
Contact number		e-mail						
Organisation type Not for profit or		rganisation 🗵 Parish/town council 🗌						
Other, please s		necify						
Other, please s		peony						
2 – Your project								
In which community area does your project take place? (Please give name – see section 3 of the grants pack)		Salisbury						
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 run a series of 4 'Bus Stop' and 'Making the most of Teenagers' Parenting Groups in Salisbury. These Group aim to develop the skills of parents as parents, especially in the area of communication.						
Where will your project take place?		Sarum Academy						
When will your project take place?		Between May 2011 and end of March 2012						
How many people will benefit from your project?		80 adults 150 children/young people						
How does your project a direct link to the cofor your area?		See attached, sections highlighted						
Please provide a reference/page no.		See attached, sections highlighted.						

If you were not awarded the full amount requested, what would be the impact on your project?								
It won't run.								
How will you know whether your project has made a difference in the community?								
Short, medium and long term monitoring. Quantitavtive and qualitatuve evidence collected from parents and others working with them and their children and young people, by way of questionnaires and interviews, also data.								
Have your acret at all Oharitian								
Have you contacted Charities Information Bureau for help with your application/ to seek funding?	Yes	No						
application/ to seek funding:								
To who have you applied for funding for this project (other than Wiltshire	Noone - agencies involved have limited time to complete this work as funding cuts loom. There is some urgency around this, and this route fits for this reason as well as the others already outlined.							
Council)?								
Have you been successful?	Yes 🗆	No	\square					
	_		_					
Have you or do you intend to apply for a grant from another area board within this financial year?	Yes L	No						
If yes, please state which ones.								
Are you in receipt or anticipating	Yes	No						
other funding from Wiltshire Council for this project?	Tes	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			
Venue	£720	Own fundraising/reserves		£1,000		
Travel and tel	£1,728			£		
Programme	£ 2,000	Parish/town council		£		
Lead facilitator	£ 2,160			£		
Co facilitator	£1,560	Trusts/foundations		£		
	£	Latina		£		
	£	In kind		£3,204		
	£	Other		£		
	£	Other		£		
	£			£		
	£			£		
	£			£		
Total Project Expenditure	£8,168	Total Project Income		£4,204		
Total project income B		£4,204				
Total project expenditure A		£8,168				
Project shortfall A – B		£3,964				
Award sought from Wiltshire Council Area Board		£3,964				
Bank Details						
Please give the name of the organisations' bank account e.g. Barclays		tbc				
Please give the title name of the orga bank account e.g. current	tbc					
6 – Supporting information – P	lease enclo	se the following document	ation			
Enclosed (please tick)						
☐ Written quotes including the one y	ou are going to	use				
☐ Latest inspected/audited accounts	or annual rep	ort				
☐ Income and expenditure budget for	or current finan	cial year				
Project budget (if applicable)						
□ Terms of reference/constitution/gr	oup rules					
Evidence of ownership/lease of bu	ildings and/or l	and				
For new groups, only the group's terr covering a period of 12 months is req		e and a projected income and ex	kpenditure	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:					
 a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage? 					
Parents will feel more confident to respond to their childrens and young peoples needs, their strategies for coping will improve, and they will feel less isolated.					
b) How does your project work to promote inclusion, participation and good community relations?					
Parents, children and young people will feel less isolated and will be more able to access community opportunities and activities. They will also be better able to articulate theirs and their childrens needs to others in the community, helping more understanding, tolerance and community support.					
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					
oximes Other disadvantaged groups (please state which groups) Parents of children with special needs					
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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