



## Community Area Grant Application Form 2011/2012

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

**For larger projects we strongly advise you to contact Charities Information Bureau three months before you approach the area board. (See Section 2 for contact details)**

**Please contact your Community Area Manager before completing your application  
(See Section 3 for contact details)**

### 1. Your organisation or group

Name of organisation			
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify		

### 2. Your project

Project Title/Name	NEW BOILER FOR OUR HEADQUARTERS IN BERWICK ST JAMES!		
What is your project about and what does it aim to achieve?  <i>Important: This section is limited to 600 characters only (inclusive of spaces).</i>	WE NEED TO RENEW THE BOILER, WITHOUT WHICH WE CANNOT FUNCTION PROPERLY		

In which community area does your project take place? (Please give name – see section 3 of the grants pack)	AMESBURY		
I/we have discussed our project with the town/parish council?	Yes <input type="checkbox"/>	Date	No <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No <input type="checkbox"/>

Where will your project take place?	BERWICK ST. JAMES GIRL GUIDING HQ.	
When will your project take place?	COMMENCES 5TH SEPTEMBER 2011	
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?  <i>Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)</i>	ANCIENT BOILER WHICH REGULARLY BREAKS DOWN, LEAVING NO HEATING IN BUILDING, LEADING TO CANCELLATIONS OF RESIDENTIAL HOLIDAYS, MEETINGS AND ACTIVITY DAYS FOR GIRLS.	
How many people will benefit from your project?	APPROX 2,000 GIRL GUIDING MEMBERS + OTHER USER:	
How does your project demonstrate a direct link to the local community plan for your area? <a href="http://www.wiltshire.gov.uk/areaboards">www.wiltshire.gov.uk/areaboards</a>  Please provide a reference/page no.	USED BY GIRLS FROM ALL OVER SOUTH WILTSHIRE, AND RESIDENTS OF BERWICK ST. JAMES	
<b>To be completed ONLY where town/parish councils are making an application</b>		
Is your project one which parish/town councils have powers to raise local taxes to fund?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other information about your project.		

### 3. Management

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

Over 50 years	Male	<input type="text"/>	Female	<input type="text" value="9"/>
25 – 50 years	Male	<input type="text"/>	Female	<input type="text" value="1"/>
Under 25 years	Male	<input type="text"/>	Female	<input type="text" value="0"/>
Disabled People	Male	<input type="text"/>	Female	<input type="text" value="0"/>
Black and Minority Ethnic people	Male	<input type="text"/>	Female	<input type="text" value="0"/>

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?

N/A

How will you know whether your project has made a difference in the community? What evidence will be collected to enable you to know that the project has made a positive impact on your community and met the local need?

N/A

Have you contacted Charities Information Bureau for help with your application/ to seek other funding?

Yes

Date

No

To whom have you applied for funding for this project (other than Wiltshire Council)?

Please list with amount applied for and whether you have been successful

Name of Funder

Amount Applied For

Amount Received

AS YET NO ONE

FUND RAISING HAS JUST

COMMENCED

Have you or do you intend to apply for a grant from another area board within this financial year?

If yes, please state which one(s).

Yes

No

Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?

Yes

No

4. Information relating to your last annual accounts (if applicable)		
Year ending:	31st	Month: DEC Year: 2010
A - Total income:	£	119,984
B - Minus total expenditure:	£	96,437
Surplus/deficit for year: (A minus B)	£	23,416
Free reserves currently held:	£	

**5. Financial information – If you can claim back V.A.T. please exclude from figures given below**

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
BOILER	£ 9345	Own fundraising/reserves	£
REMOVAL OF ASBESTOS	£ 1400	BOILER FUND	£ 4,000
LABOUR / MATERIALS,	£	Parish/town council	£
ELECTRICAL WORK	£ 17080		£
	£	Trusts/foundations	£
	£		£
	£	In kind	£
	£		£
	£	Other	£
	£	FRIENDS OF BERWICK	1000.00
	£	DONATION	500.00
	£		£
	£		£
<b>Total Project Expenditure</b>	<b>£ 27,825</b> <b>27,825</b>	<b>Total Project Income</b>	<b>£ 5500.00</b>
<b>Total project income B</b>	£	5500.00	
<b>Total project expenditure A</b>	£	27825.00	
<b>Project shortfall A – B</b>	£	22325.00	
<b>Grant sought from Wiltshire Council Area Board</b>	£	5,000.00.	
<b>Bank Details</b>	WILTSHIRE SOUTH GIRL GUIDE ASS.		
<b>Please give the name of the organisations' bank account e.g. Barclays</b>	CAF BANK		
<b>Please give the title name of the organisations' bank account e.g. current</b>	CURRENT		

**6. Supporting information – Please enclose all the following documentation as failure to do so may lead to a delay in your application being considered**

Enclosed (please tick)

- Written quotes including the one(s) you are going to use
- Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year
- 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. 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  Safeguarding Adults *N/A*  
 Public Liability Insurance *N/A*  Equal opportunities *N/A*  
*N/A*  Access audit  Environmental impact *N/A*  
*N/A*  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:

Position in organisation:

16.6.11

**Please return your completed application to the appropriate Area Board Locality Team (see section 3)**

