



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 | The Kingfisher Montessori Nursery School | | |
| 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 | Safety surgace repair/renewal | | |
| 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> | The school is surrounded by a wet pore safety surface. There are 5 areas that have subsided and are at risk of cracking during the winter. There is a snake that is extremely slippery, children have already incurred slips. the snake is close to a metal steps. The damaged areas and snake need to be renewed/replaced before more injuries happen. It is a major health and safety issue. | | |
| In which community area does your project take place? (Please give name – see section 3 of the grants pack) | South West Area Board | | |
| I/we have discussed our project with the town/parish council? | Yes <input type="checkbox"/> | Date In process | No <input type="checkbox"/> |
| I/we have discussed our project with our Wiltshire councillor? | Yes <input checked="" type="checkbox"/> | Date 19/07/11 | No <input type="checkbox"/> |

| | | |
|--|---|-----------------------------|
| Where will your project take place? | The Kingfisher Montessori Nursery School - Area surrounding classroom. | |
| When will your project take place? | Funding dependant - hDuring October half term | |
| 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 1000 characters only (inclusive of spaces)</i> | Recorded incidents of children slipping on surface. Adult sustained twisted ankle. | |
| How many people will benefit from your project? | Daily, 24 children plus staff, plus 2 | |
| How does your project demonstrate a direct link to the local community plan for your area? www.wiltshire.gov.uk/areboards Please provide a reference/page no. | Discussed with Richard Munro on advice from county. 19/07/11 | |
| To be completed ONLY where town/parish councils are making an application | | |
| 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. The quote enclosed is dated Oct 2010. We have been trying to raise the money since then. Obviously this will now have increased, also the VAT has risen so our shortfall will be more that the figures suggested. We have been unable to get a new quote in time for the deadline. | | |

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" value="1"/> | Female | <input type="text" value="1"/> |
| 25 – 50 years | Male | <input type="text" value="1"/> | Female | 3 <input type="text"/> |
| Under 25 years | Male | <input type="text"/> | Female | <input type="text"/> |
| Disabled People | Male | <input type="text"/> | Female | <input type="text"/> |
| Black and Minority Ethnic people | Male | <input type="text"/> | Female | <input type="text"/> |

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?

The safety surface will be repaired. No child/adult will slip or sustain an injuries. Accident book recorded.

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

This application

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: 2010 | Month: July | Year: 2010 |
| A - Total income: | £59,908 | |
| B - Minus total expenditure: | £64,061 | |
| Surplus/deficit for year: (A minus B) | £- 4,153 | |
| Free reserves currently held: | £00 | |

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 | |
| To repair 4 m2 of existing surfa | £1,599 | Own fundraising/reserves | C | £600 |
| | £ | | | £ |
| | £ | Parish/town council | | £ |
| | £ | | | £ |
| | £ | Trusts/foundations | | £ |
| | £ | | | £ |
| | £ | In kind | C | £200 |
| | £ | | | £ |
| | £ | Other | | £ |
| | £ | | | £ |
| | £ | | | £ |
| | £ | | | £ |
| Total Project Expenditure | £ | Total Project Income | | £800 |

| | |
|---|--|
| Total project income B | £800 |
| Total project expenditure A | £1,599 |
| Project shortfall A – B | £799 |
| Grant sought from Wiltshire Council Area Board | £ |
| Bank Details | |
| Please give the name of the organisations' bank account e.g. Barclays | Santander |
| Please give the title name of the organisations' bank account e.g. current | Current Account Kingfisher Montessori Nursery Scho |

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
 - 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: 22/07/2011

Position in organisation:

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