Section 4



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For office use

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	Saxon Church & St Mary Tory Trusteeship				
organisation Contact name					
Contact name Contact address					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	ganisation 🗌	Parish/t	own council 🗌	
	Other, please specify Historic/Ancient Churches				
2. Your project					
Project Title/Name	Remove and rer	ovate or renew 3	directive	signs to both churches around BOA	
What is your	a) Signs in poor state				
project about and	b) All will give clear directions to the Saxon Church and St Mary Tory				
what does it aim to achieve?					
Important: This section is limited to					
600 characters only					
(inclusive of					
spaces).					
		Bradford on Avo			
In which community	area does vour	Bradiord on Avc	וזנ		
project take place? (/					
name – see section 3	of the grants				
pack)					
I/we have discussed		Yes x□	Date	May 2011	No □
with the town/parish council?			Date	Way 2011	110
I/we have discussed our project		V	D - 1	May 2014	N. C
with our Wiltshire co	uncillor?	Yes x□	Date	May 2011	No ∐

Where will your project take place?	Bradford on Avon				
When will your project take place?	ASAP				
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?	a) All signs need attention either because they are unreadable or because of disintegration b) Direction to both churches will be distinct and readable				
Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)					
How many people will benefit from your project?	All those living and visiting BOA				
How does your project demonstrate a direct link to the local community plan for your area? www.wiltshire.gov.uk/areaboards Please provide a reference/page no.	These 2 churches are of great value to the town – bringing hundreds of tourists and visitors. Clear signage is of great importance				
To be completed ONLY where t	own/parish councils are making an application				
Is your project one which parish/town taxes to fund?	councils have powers to raise local Yes No				
Could your project be funded from yo	our reserves? Yes No No				
answer YES please provide evidence					
Any other information about your pro Both churches rely on the Trustees for the trustees give their time voluntarily	ject. neir maintenance. Our funds have to be very carefully husbanded, all the				

3. Management						
How many people are involved in the Of these, how many are:	e mana	agement of yo	ur group/	organisation	1?	
Over 50 years	Male	5	Female	4		
25 - 50 years	Male		Female			
Under 25 years	Male		Female			
Disabled People	Male		Female	1		
Black and Minority Ethnic people	Male		Female			
fund it?	Donations from visitors. Donations from use of churches. Cottage rental from St Mary Tory. Maintenance costs					
How will you know whether your procollected to enable you to know that local need? a) The signs will be clear. They a b) Word of mouth	the p	oject has mad	le a posit	ive impact o	n your communi	
Have you contacted Charities Information Bureau for help with you application/ to seek other funding?	ır Ye	es 🗌 D	ate		N	lo x
To whom have you applied for funding for this project (other than Wiltshire Council)?		ame of Funder			Amount Applied For	Amount Received
Please <u>list</u> with amount applied for and whether you have been successful						
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).	Ye	es 🗌	No x]		
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project		es 🗌	No x]		

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 currently held:							
5. Financial information – <i>If you c</i>	an claim ba	ck V.A.T.	please exclude from	figures	given below		
Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc.	uipment,	Project Income B Please list all sources of funding for this project, as provisional (P) or confirmed (C)					
3 signs at £200 each	£600	Own fund	draising/reserves	P/C	£		
3 signs at £200 each	2000	Own fant	araising/reserves		4		
	£				£		
	£	Parish/to	wn council		£		
	£				£		
	£	Trusts/fo	undations		£		
	£				£		
	£	In kind			£		
	£				£		
	£	Other			£		
	£				£		
	£				£		
	£				£		
Total Project Expenditure	£ 600	Total Pro	ject Income		£		
Total project income B	£0						
Total project expenditure A	£600						
Project shortfall A – B	£600						
Grant sought from Wiltshire Council Ar	£600						
Bank Details	Saxon Church Trustees						
Please give the name of the organisatio account e.g. Barclays	ns' bank						
Please give the title name of the organis							

6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered					
Enclosed (please tick)					
x☐ 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					
x Terms of reference/constitution/group rules					
x☐ 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					
x I have read the funding criteria					
x 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.					
x☐ 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)					
x☐ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.					
x ☐ I give permission for press and media coverage by Wiltshire Council in relation to this project.					
Name: Date: 6 June 2011					
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality Team (see section 3)					