



Community Area Grant Application Form

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**

1 - Your Organisation or Group			
Name of Organisation	Memorial Ground Trust		
Contact Name			
Contact Address			
Contact number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">e-mail</td> </tr> </table>		e-mail
	e-mail		
Organisation Type	Non profit organisation <input checked="" type="checkbox"/> Parish/Town Council <input type="checkbox"/> Other <input type="checkbox"/>		
2 – Your Project			
In which Community Area does your project take place? (Please give name – see pp 2-4 of funding pack)	Southern Wiltshire		
In which Parish does your project take place?	Whiteparish		
What is your project?	Toddlers' slide and hexagonal climber		
Where will your project take place?	Memorial Ground Trust		
When will your project take place?	March 2010		
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Please confirm your project will have commenced by 31st March 2010	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
What community benefits will your project provide and, who are the beneficiaries (e.g. numbers of people, age, gender, particular groups) <small>IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)</small> Slide - 3 to 6 yr olds; to provide entertainment and exercise. Climbing Frame - 5 to 8 yr olds; to provide area to exercise. These are to replace two pieces of equipment which have been condemned by our insurance company and which are regularly used by children.			

Wiltshire Council will be unable to meet the ongoing costs of your project. Please describe, therefore, how you will ensure the financial sustainability of your project beyond the period of this grant (if successful)?

The Memorial Ground Trust will insure and service the equipment

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures

Please tell us more about the organisations and groups that are involved in your project, who will benefit from the award and how will you know that it is making a difference.

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A consultation was done when the equipment went in. The insurance company say it has been well looked after but must now be replaced.

4 – Relationship between your project and Wiltshire Council priorities. Which of the following statements apply to the project/service your hope to provide? Please tick as many as you think apply.

The project will:	
Engage with local people to find out their priorities and work with them to deliver solutions	<input checked="" type="checkbox"/>
Increase number of local people involved in regular volunteering	<input type="checkbox"/>
Increase the number of affordable homes	<input type="checkbox"/>
Improve access to services for people with dementia	<input type="checkbox"/>
Improve access to primary care services for people with learning disabilities	<input type="checkbox"/>
Encourage people to make lifestyle changes that will have a positive impact on the health of both themselves and their family	<input checked="" type="checkbox"/>
Improve adult participation in sport	<input type="checkbox"/>
Improve young people's participation in positive activities	<input checked="" type="checkbox"/>
Improve business productivity through innovation e.g. provide business with specific information, knowledge events and other support	<input type="checkbox"/>
Increase the number of people who feel safe in their community	<input type="checkbox"/>
Improve local area through intergenerational activities such as street clean ups and community events	<input type="checkbox"/>
Reduce perceptions of antisocial behaviour	<input type="checkbox"/>
Reduce deaths through accidents	<input type="checkbox"/>
Increase uptake of energy efficiency and renewable energy measures	<input type="checkbox"/>
Increase levels of recycling and re-using household waste especially amongst those people who currently do not recycle	<input type="checkbox"/>
Increase awareness of climate change adaptation, leading to action taken by individuals, communities and businesses	<input type="checkbox"/>
Reduce carbon emissions from transport through development, sustainable transport, traffic management and new technology	<input type="checkbox"/>
Improve local biodiversity	<input type="checkbox"/>

THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED

5 – Information relating to your last annual accounts (if applicable)

Year Ending:	Month: May	Year: 2009
Total Income:	£43682	
Minus Total Expenditure:	£23703	
Surplus/Deficit for year:	£17126	
Reserves held:	£216813	

6 - 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	
Install of hexagonal climber	£2,895	R2 Money	p	£3,867
Instal slide	£2,150	Memorial Ground Trust money	c	£177
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
TOTAL PROJECT EXPENDITURE	£5,045	TOTAL PROJECT INCOME		£4,045

Total Project Income B	£4,045
Total Project Expenditure A	£5,045
Project Shortfall A - B	£1,000
Award sought from Wiltshire Council Area Board	£1,000
Is your organisation able to claim VAT?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7 – Management

How many people are involved in the management of your group/organisation?

People Over 50 years	Male 5	Female 1
People Under 25 years	Male	Female
Disabled People	Male	Female
Black & Minority Ethnic people	Male	Female

8 – Supporting Information – Please enclose the following documentation

Enclosed (please tick)

- Latest inspected/audited accounts or Annual Report
- Income & expenditure budget for current financial year
- Project budget (if applicable)
- Terms of Reference/Constitution/Group Rules

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.

9 – Equal Opportunities – To assist us with our equalities monitoring please indicate whether your application is specifically targeted at people within one or more of the six equality strands. You may tick yes for more than one category e.g. if your project is for ethnic minority senior citizens.

Please note that by answering NO to any of the following questions WILL NOT PREJUDICE your application.

a) Is your project targeted towards, or of particular relevance to, people of a specific age?

Yes No If 'Yes' please tick... Under 25's Over 50's

b) Is your project targeted towards, or of particular relevance to, people with disabilities (physical or mental/emotional)?

Yes No

c) Is your project targeted towards, or of particular relevance to, people of a specific gender?

Yes No If 'Yes' please tick.... Male Female

d) Is your project targeted towards, or of particular relevance to, people of a specific sexuality?

Yes No If 'Yes' please tick.... Gay Lesbian Bisexual

e) Is your project targeted towards, or of particular relevance to, people from a specific ethnic background?

Yes No If 'Yes', indicate the ethnic background of the people who will benefit from your project.

White British Irish Other **Mixed** Mixed ethnic background

Asian or Asian British Indian Pakistani Bangladeshi Other Asian

Black or Black British Caribbean African Other Black

Chinese or other ethnic group Chinese Other ethnic group

f) Is your project targeted towards, or of particular relevance to, people from a specific religion or faith?

(e.g. a Muslim women's sports club, which encourages active participation, rather than promoting religious beliefs)

Yes No If 'Yes' please specify

10 – Declaration (on behalf of organisation or group) – I confirm that.....

Accounts and quotes where appropriate are enclosed.

A copy of our constitution or terms of reference are enclosed.

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 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 or printed material.

I give permission for press and media coverage by Wiltshire Council in relation to this project.

Name:

Position in organisation: Chairman

Date: 18.02.10

Please return your completed application to the appropriate Area Board Locality Team (see pages 9-10)