



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	Whiteparish First Responders		
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	Community Public Access Defibrillation Scheme		
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 project will result in the provision of a 24/7 Community Public Access Defibrillator for people who live in or are visiting Whiteparish. It is envisaged the unit will be housed in an adopted telephone box opposite the post office. The project is backed by the local ambulance service and Community Heartbeat Trust, a registered charity, who will provide support in commissioning and advice in running the scheme.		
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	Whiteparish		
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date 10 th November 2011	
I/we have discussed our project with our Wiltshire councillor?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date November 2011	

Where will your project take place?	Whiteparish
When will your project take place?	As soon as funding and procurement permit.
<p>How did you discover there was a need for your project (<i>please provide evidence</i>) and how will your project benefit your local community?</p> <p><i>Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)</i></p>	<p>Whiteparish Community First Responder group became aware of the work of several charities promoting the provision of Community Public Access Defibrillators as lifesaving additions to existing first responder schemes.</p> <p>The group investigated further and found such a scheme would be viable in Whiteparish, enabling the community to benefit from 24/7 access to lifesaving medical equipment. The CFR group is unable to provide cover 24/7. Provision of cPAD would fill in the gaps in cover that necessarily exist.</p> <p>Supporting documentation is enclosed with this application.</p>
How many people will benefit from your project?	1500+
<p>How does your project demonstrate a direct link to the local community plan for your area?</p> <p>www.wiltshire.gov.uk/areaboard</p> <p>Please provide a reference/page no.</p>	<p>Community involvement in healthcare provision</p> <p>22</p>
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? <i>If you answer YES please provide evidence elsewhere on the application form</i>)	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" value="3"/>	Female	<input type="text" value="5"/>
25 – 50 years	Male	<input type="text" value="4"/>	Female	<input type="text" value="4"/>
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?

By fundraising @ village fete, and personal donations/bequests. Annual running costs are expected to be <£100.00

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 ambulance trust will inform us every time the unit is used by the public.

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

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: n/a	Month:	Year:
A - Total income:	£	
B - Minus total expenditure:	£	
Surplus/deficit for year: (A minus B)	£	
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	
Defibrillator	£650	Own fundraising/reserves	C	£900
Heated secure cabinet	£1,100			£
Fitting	£200	Parish/town council		£
'Adoption' of phone box	£1			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£	Other		£
	£			£
	£			£
	£			£
Total Project Expenditure	£1,951	Total Project Income		£900

Total project income B	£900
Total project expenditure A	£1,951
Project shortfall A – B	£1,051
Grant sought from Wiltshire Council Area Board	£1,051
Bank Details	
Please give the name of the organisations' bank account e.g. Barclays	Post Office Savings
Please give the title name of the organisations' bank account e.g. current	Whiteparish First Responders

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: 11/11/2011

Position in organisation:

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