



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

2. Your project

Project Title/Name	Olympic Celebrations		
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 Olympic Celebrations in May 2012 will be a chance for communities to join together in celebrations across the United Kingdom. Trowbridge has been one of the places to be picked on the Olympic Torch route and we would like to arrange a day of celebration for the county town followed by a celebration day on the Saturday for all families to take part in trying all olympic sports which are reperesented in the 2012 games.		
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	Trowbridge		
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/>	Date 14/11/11	No <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input checked="" type="checkbox"/>	Date 21/11/11	No <input type="checkbox"/>

Where will your project take place?	Trowbridge Park
When will your project take place?	Tuesday 22 nd May and Saturday 26 th May
<p>How did you discover there was a need for your project (please provide evidence) 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>Following Trowbridge being chosen as one of the towns for the Olympic Torch route is it expected that each location is to make the day one to remember . We are working with local partners to arrange a day of celebration plus a one off day event to promote olympic sports and to encourage the community of Trowbridge to have a healthy future and the legacy of the Olympics in Trowbridge.</p>
How many people will benefit from your project?	4000+
<p>How does your project demonstrate a direct link to the local community plan for your area?</p> <p>www.wiltshire.gov.uk/areabords</p> <p>Please provide a reference/page no.</p>	<p>Economy - Tourism - encouraging more people tp spend their free time in town Leisure, Recreation, Heritage- encouraging vibrant/ inclusive community</p> <p>1 & 4</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 checked="" type="checkbox"/> No <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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"/>
25 – 50 years	Male	<input type="text"/>	Female	<input type="text" value="1"/>
Under 25 years	Male	<input type="text" value="2"/>	Female	<input type="text" value="1"/>
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?

No not intended to continue

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 impact on the day - the amount of people in Trowbridge Park during Olympic Celebrations as opposed to normal usage. Press coverage showing this use. Actual feedback from the public on the streets of Trowbridge, comments made to Councillors and Council Officers.

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*)?

Name of Funder

Amount Applied For

Amount Received

Trowbridge Town Council

£5,000

£5,000

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

<p>Have you or do you intend to apply for a grant from another area board within this financial year?</p> <p><i>If yes, please state which one(s).</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>	
<p>Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input checked="" type="checkbox"/></p>	

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 – 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	
Staffing Costs	£1,630	Own fundraising/reserves		£
	£			£
3 Stilt Walkers Olympic Themed	£1,147	Parish/town council	C	£5,000
Carnival Procession	£1,000			£
Moving and Dancing Samba Band	£500	Trusts/foundations		£
Carnival Conga Line	£200			£
Management Team	£950	In kind		£
Mobile Spound System	£250			£
Carnival Group	£800	Other		£
Themed Olympic Status	£800			£
Olympic Themed Roller Skaters	£811			£
Torch Bears Reception	£500			£
Total Project Expenditure	£8,588	Total Project Income		£5,000

Total project income B	£5,000
Total project expenditure A	£8,388
Project shortfall A – B	£3,588
Grant sought from Wiltshire Council Area Board	£3,588
Bank Details	
Please give the name of the organisations' bank account e.g. Barclays	
Please give the title name of the organisations' bank account e.g. 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
 - 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: 13/12/2011

Position in organisation:

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