

Reference no
Log no
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 organisation	SUKOSTA THEATRE COMPANY
Contact name	
Contact address	
Contact number	
Organisation type	<input checked="" type="checkbox"/> Not for profit organisation <input type="checkbox"/> Parish/town council Other, please specify
2. Your project	
Project Title/Name	'Our time' -workshops with the elderly communities of Melksham
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>	<p>'OUR TIME': HIGH QUALITY THEATRE RESIDENCIES WITH THE ELDERLY COMMUNITY OF MELKSHAM(65+). A PROGRAMME OF REWARDING AND INSPIRING, MOVEMENT THEATRE WORKSHOPS PROMOTING PERSONAL DISCOVERY AND GROUP SHARING THROUGH SUKOSTA'S APPROACH, A LOCALLY BASED INTERNATIONALLY ACCLAIMED THEATRE CO. (www.sukosta.com)</p> <p>Our time theatre movement workshops are high quality theatre /movement workshops, which will be delivered by the Company. This programme has been tried and tested in the Wiltshire region and has been hugely successful; Salisbury, Chippenham, Devizes, Bradford on Avon as well as being delivered successfully in the Outer London boroughs, .</p> <p>SUKOSTA was founded in 1994 with an aim to create innovative movement - based performance work. The Directors of the company trained at the prestigious Lecoq International Mime School in Paris.</p> <p>Feedback from residential homes in the Melksham Area has shown a clear need for the 'Our Time' Programme.</p> <p>This discrete programme will consist of four high quality workshop residencies which will be tailor-made and delivered at residential homes in the Melksham area. The Company has expertise in working with those with dementia and the very frail and is highly qualified in the field of theatre/mime.</p> <p>The residency workshops will involve simple movement and draw from ideas of the participants leading to improvisations and sharing. They aim is to achieve personal growth, a group sharing and create positive 'vibes' in the homes creating ripples throughout, affecting carers and the wider community (as exemplified in the extensive feedback</p>

	received from previous residencies).
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	TAKES PLACE IN MELKSHAM AREA
I/we have discussed our project with the town/parish council?	Yes X No Date 18TH JAN 2012
I/we have discussed our project with our Wiltshire councillor?	Yes X ROD EATON, MAYOR Date 18JAN 2012 No

Where will your project take place?	MELKSHAM AREA
When will your project take place?	LATE SPRING EARLY SUMMER 2012.
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? <i>Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)</i>	BY DELIVERING THIS PROGRAMME IN OTHER AREAS IN WILTSHIRE, IT IS OVERTLY CLEAR THAT THERE IS A NEED FOR SUCH PROGRAMMES, HAVING A HEALTH BENEFIT TO PARTICIPANTS AND SOCIAL AND CREATIVE BENEFIT TO PARTICIPANTS AND CARERS ALIKE. WHILST RESEARCHING FOR THIS PROGRAMME IN MELKSHAM BOTH THE BROOKSIDE HOME AND SAMFORD HOME HAVE VOICED A KEEN INTEREST IN HAVING THE WORKSHOPS TAKE PLACE WITH THEIR RESIDENTS. Brookside Home, Ruskin avenue (activities coordinator Suzanne Osborn.) has expressed a keen interest as has Samford home (activities coordinator Kevin Barnham.)
How many people will benefit from your project?	At least 80 including participants and carers
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.	CONTRIBUTES TO HEALTH AND WELL BEING OF COMMUNITY P.13
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 No
Could your project be funded from your reserves?	Yes No
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 No
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 2 Female
25 – 50 years	Male 1 Female 2
Under 25 years	Male Female
Disabled People	Male Female
Black and Minority Ethnic people	Male 1 Female

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?
THE COMPANY IS SEEKING LONGER TERM SERVICE FUNDING IN THE FUTURE TO ENABLE THE PROJECT TO HAVE GREATER IMPACT IN WILTSHIRE.

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?
 FEEDBACK WILL BE CORRELATED FROM PARTICIPANTS AND CARERS ALIKE. IN THE PAST THESE HAVE GIVEN A POSITIVE INSIGHT INTO THE AFFECT OF THE WORKSHOPS ON THE HEALTH AND WELL BEING OF PARTICIPANTS.

<p>Have you contacted Charities Information Bureau for help with your application/ to seek other funding?</p>	<p>Yes <input checked="" type="checkbox"/> Date 18TH JAN WITH REGARDS TO FUTURE FUND No</p>
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<p>To whom have you applied for funding for this project (other than Wiltshire Council)?</p> <p><i>Please <u>list</u> with amount applied for and whether you have been successful</i></p>	<p>Name of Funder</p>	<p>Amount Applied For</p>	<p>Amount Received</p>
	/		

<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 No <input checked="" type="checkbox"/></p>
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<p>Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?</p>	<p>Yes No <input checked="" type="checkbox"/></p>
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4. Information relating to your last annual accounts (if applicable)			
Year ending:	Month:	Year:	
A - Total income:	£	25604.69	
B - Minus total expenditure:	£	22451.59	
Surplus/deficit for year: (A minus B)	£	3153.1(net incoming resources)	
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	
WORKSHOP DELIVERY AND PREP	£ 2000	Own fundraising/reserves	£
PETROL PHOTOS	£ 200		£
WEBHOSTING/MARKETING IN KIND	£ 300	Parish/town council	£
PRODUCING IN KIND	£ 1000		£
ROOM VALUE HIRE IN KIND	£ 500	Trusts/foundations	£
	£		£
	£	In kind	£ 1800
	£		£
	£	Other	£
	£	SMALL FEES LEVIED	£ 200
	£		£
	£		£
Total Project Expenditure	£ 4000	Total Project Income	£ 2000
Total project income B	£ 2000		
Total project expenditure A	£ 4000		
Project shortfall A – B	£ 2000		
Grant sought from Wiltshire Council Area Board	£ 2000		
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 attached

Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year attached

Terms of reference/constitution/group rules -hard copy

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: 17TH JAN 2012

Position in organisation:

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