Reference no

Wiltshire Council

Where everybody matters

Log no dev.11.018 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	Devizes and District Association for the Disabled				
organisation					
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	ganisation 🖂	Parish/	town council 🗌	
	Other, please s	pecify			
2. Your project					
Project Title/Name	Nursteed Centre	1			
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of		environment with or educational and		bled access and facilities for disable tional purposes	d and elderly
spaces).					
In which community area does your project take place? (<i>Please give</i> name – see section 3 of the grants pack)		Devizes and sur	rounding	areas	
I/we have discussed our project with the town/parish council?		Yes 🗌	Date		No 🖂
I/we have discussed our project with our Wiltshire councillor?		Yes 🖂	Date	2 nd March 2012 with Jeff Ody who	is on our

Where will your project take place?	The Nursteed Centre				
When will your project take place?	As soon as we receive funding				
How did you discover there was a need for your project (<i>please</i> <i>provide evidence</i>) and how will your project benefit your local community?	 The chairs in our centre are now over 10 years old and have had muse. Over the past couple of years they have been repaired many t and have now become unrepairable. We have recently had two ide incidents, one in december and one in January whereby 2 of our s users have trapped their finger between the seat base and the met chairframe as they sat down resulting in painful heavy bleeding.We to address this issue before anyone else gets hurt. 		many times wo identical f our service ne metal		
Important: Please do not type/write in paragraphs – This section is limited to 1000 characters only (inclusive of spaces)					
How many people will benefit from your project?	Over 250 people				
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.	Health and Social care-better facilities and	l access for the dis	abled		
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 Yes No taxes to fund?		No 🗌			
Could your project be funded from yo	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 🗌		
in reserve, the remainder is our emerger responsible for all even major repair cos	ject. Int funding for this project, we need to hold a they fund as we have a full-repairing lease w is including the roof replacement several ye ned to have an emergency fund available.	ith Wiltshire Counc	il and are		

3. Management			
How many people are involved in the r Of these, how many are:	nanagement of your group/organisatio	n?	
Over 50 years M	lale 8 Female 1		
25 – 50 years M	ale Female 1		
Under 25 years M	lale Female		
Disabled People M	lale Female 1		
Black and Minority Ethnic people M	lale Female		
If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it? n/a			
	ect has made a difference in the commune ne project has made a positive impact of by broken/damaged chairs		
Have you contacted Charities Information Bureau for help with your application/ to seek other funding?	Yes 🗌 Date	٢	10 🖂
To whom have you applied for funding for this project (other than	Name of Funder	Amount Applied For	Amount Received
<i>Wiltshire Council)?</i> <i>Please <u>list</u> with amount applied for</i>	n/a		
and whether you have been successful	n/a		
	n/a		
	n/a		
Have you or do you intend to apply for a grant from another area board within this financial year? <i>If yes, please state which one(s).</i>	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: 2011	Month: sep	t	Year: 2011			
A - Total income:	£ 24,585.88					
B - Minus total expenditure:	£ 22,445.98	£ 22,445.98				
Surplus/deficit for year: (A minus B)	£ 2,139.9					
Free reserves currently held:	£ 8,598.59					
5. Financial information – <i>If you c</i>	an claim ba	ck V.A.T.	please exclude from	n 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		
24 chairs @ £24.90 each	£ 597	Own fund	draising/reserves		£0	
	£				£	
	£	Parish/to	wn council		£ 0	
	£				£	
	£	Trusts/fo	undations		£0	
	£				£	
	£	In kind			£0	
	£				£	
	£	Other			£0	
	£				£	
	£				£	
	£				£	
Total Project Expenditure	£ 597	Total Pro	ject Income		£ 0	
Total project income B		£0				
Total project expenditure A	£597					
Project shortfall A – B	£ 597					
Grant sought from Wiltshire Council Ar	£ 597					
Bank Details						
Please give the name of the organisatic account e.g. Barclays	ons' bank					
Please give the title name of the organi bank account e.g. current						

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)

- 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: 06/03/2012		
Position in organisation:		
Please return your completed application to the appropriate Area Board Locality Team (see section 3)		