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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 ZEALS YOUTH TRUST Name of organisation Contact name Contact address e-mail Contact number Not for profit organisation Parish/town council Organisation type Other, please specify CHARLET NO 1064296 2. Your project Project Title/Name ZEALS GREEN PASTURET STORAGE CABINS What is your PRONDE VANDAL PROOF STORAGE project about and what does it aim to CABINS FOR: achieve? 1, YOUTH CLUB JUNIOR GOALS-PLASTIC MOVERBLE - AND GAMES EQUIPMENT Important: This section is limited to 600 characters only 2) YOUTH CLUB ZENIOR TEAM FOOTBALL
WETS, BALLS, FLAGS AND GROWD
EQUIPMENT. (inclusive of spaces). SOUTH WEST AREA BOARD In which community area does your project take place? (Please give name – see section 3 of the grants pack) I/we have discussed our project Yes 1 Date 28/2/12 No 🗌 with the town/parish council? Yes M Date 28/2/12 I/we have discussed our project No 🔲 with our Wiltshire councillor?

Where will your project take place?	20ALS GREEN PASTURE	1 SPOR	TREND
When will your project take place?	AS SOON AS THE GR	CANT 15 1	APPROVED)
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? 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?	ZEALS GREEN PASTULITY SECOND YEARS DVITIAL START UP GRANTS AND OUR CU OF JUNIOR YOUTH CO GROUND MAINTENANCE NETS AND EQUIPME DIMER IN CHANGIN MUDDLED IN TOGETT IS TO SORT OUT A M PROBLEM AND IN PAR THE JUMOR YOUTH TO THEIR EQUIPMEN AT LEAST 4 DOZEN F	REJ IS A FINCE TO AND AR REENT S LUB EQUIDA FOR FORMS ADOR STO RTICULATI CLUB EM TS	EM BOARD FORAGE PURENT, COME STORED OR SREQUED ORAGE REQUED R
How does your project demonstrate a direct link to the local community plan for your area? www.wlitshire.gov.uk/areaboards	MERE AREA COMMU REGIONERATION OF CO FACILITIES FOR YOUN	4 PEOPL	(PAG 3 13)
Please provide a reference/page no.	AETINTES Y FACILITIES IT	AC LEENING CO	14 (1796 3)
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3. Management				
How many people are involved in the moof these, how many are:	anagement of your group/organisation?			
Over 50 years Ma	le 2 Female			
25 – 50 years Ma				
Under 25 years Ma	le 6 Female 2			
Disabled People Ma	lie Female			
Black and Minority Ethnic people Ma	le Female			
If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?				
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 REYVLAR WEEKLY WED MET DAY EVEM NESS AND OTHER SCHOOLS USE OF THE RAZILITED SHOVED TWOREASE TRUVOING BEFORE SCHOOL CLUB AND HULL DAY CLUBS IN THE SUMMER				
Have you contacted Charities Information Bureau for help with your application/ to seek other funding? No 2				
To whom have you applied for funding for this project (other than	Name of Funder	Amount Applied For	Amount Received	
Wiltshire Council)?	COLDEN BOTTLE TRUST	£1770	\$1770	
Please <u>list</u> with amount applied for and whether you have been successful				
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 No			

4. Information relating to your la	est annual a	accounts (if applicable)	
Year ending:	Month: 31	MAR Year: 2011 ASP	er Charity
A - Total income:	£ 35		WELS DITE
B - Minus total expenditure:	£ 11	213 A - De.	2011 /15.844
Surplus/deficit for year: (A minus B)	€ 24	1274 - £15844	
Free reserves currently held:	E 8,	430 As al Dec 20	11
5. Financial information – If you o	an claim ba	ck V.A.T. please exclude from figur	es given below
Project Costs A Please provide a <u>full</u> breakdown e.g. ecinstallation etc.	quipment,	Project Income B Please list all sources of funding for provisional (P) or confirmed (C)	
EXPANDASTORE	E	Own fundraising/reserves	C
STEEL STURTE UNIT		Constitution and the constitution of the const	
2m x 2.1m	1350	None Ameline	£
3m x 2.1m	£ 1600	Parish/town council	£
VAT	E 590		E
X : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	£	Trusts/foundations	טררו ב
	£		£
	E	In kind	£
	£		£
	£	Other	£
	£		£
	£		£
	£		£
Total Project Expenditure	£ 3440	Total Project Income	E 1770
Total project income B	7-9	£ 1770	
Total project expenditure A	TIO.	£ 3440	
Project shortfall A – B Grant sought from Wiltshire Council Area Board		E 1770	
		E 1770	
Bank Details			
Please give the name of the organisation count e.g. Barclays	ons' bank		
Please give the title name of the organi pank account e.g. current	sations'		

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
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:
Position in organisation: 28/2/12
Please return your completed application to the appropriate Area Board Locality Team (see section 3)