Section 4



Reference no
Log no
For office use

## Community Area Grant Application Form 2012/2013

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

To fund projects up to £1,000 without the need for matched funding
To fund up to 50% of projects costs of projects over £1,000

Maximum Grant £5,000

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	Spurgeons (Bulford Childrens Centre)						
organisation							
Contact name							
Contact address							
Contact number			e-mail				
Organisation type	Not for profit or	rganisation 🛚	Parish.	town council 🗌			
	Other, please s	pecify					
2. Your project							
Project Title/Name	The Freedom Pr	rogramme					
		9					
100 (1							
What is your			ned to offer support victims of				
project about and				hich provides information ab			
what does it aim to	women and offers a vital link to enable them to make informed decisions about their future, recognise why they are abused and the impact the abuse has on their children. It is						
luan automt. This	delivered in a highly sensitive manner and provides good outcomes for women and children						
Important: This section is limited to	(see attached evaluations)						
	Childcare is also provided to ensure women can attend reguarly knowing their are safe						
600 characters only (inclusive of	from harm in their absence.						
spaces).							
In which community	Amesbury and	Bulford C	hildrens Centre reach areas.				
project take place? (/							
name – see section 3							
I/we have discussed	Vac M	D-4-	11 7 10	Na 🗆			
with the town/parish	Yes ⊠	Date	11.7.12	No 📙			
I/we have discussed		,			57		
with our Wiltshire co	Yes	Date		No 🗵			

Where will your project take place?	Five Wishes Childrens Centre					
When will your project take place?	Sept/October/Nov 2012					
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 800 characters only (inclusive of spaces)	In the most recent Crime and Disorder Audit (2004) Amesbury West featured as the highest rated ward for violent crime and domestic violence (pg 13 Area Plan) By running the Freedom programme at a central location where children and families already feel safe and secure we are empowering women to take stock of their lives and understand that they can make decisions and choices that are not ruled by violence. There is no other support available at the current time in the area. Incidents of domestic violence increase during sporting tournaments and with Euro 2012 and the Olympics in July it is expected that many more families will suffer or that those already exposed to violence will face a heightened risk.					
How many people will benefit from your project?	36					
How does your project demonstrate a direct link to the local community plan for your area (see www.wiltshire.gov.uk/areaboards) or priorities of your area board?  Please provide a reference/page no.  Any other information about your proof. The Freedom Programme is a proven effectivery direct to victims. The application of a volunteer workshop after completion programme to 'buddy' other women com requested the funds to train an additional of any future work at minimum cost.	fective intervention for victims of domestic well includes the full cost of the 12 week course of the course to enable women who have sing on to the course-giving additional value I staff member in running the programme to	violence and is unique in its e, staffing, creche, and the cost successfully completed the for money. We have also ensure ongoing sustainability				
To be completed ONLY where town/parish councils are making an application						
Is your project one which parish/town taxes to fund?	councils have powers to raise local	Yes No No				
Could your project be funded from your reserves?						
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form						

3. Management							
How many people are involved in the management of your group/organisation? Of these, how many are:							
Over 50 years Ma			Female	e 1			
25 – 50 years	Male	0	Female 1	0			
Under 25 years Ma		0	Female	e 0			
Disabled People M		0	Female 0				
Black and Minority Ethnic people M		0	Female 1	l l			
If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?  By an ongoing funding campaign to ensure a rolling project that benefits as many victims of domestuic violence across a widening area.							
How will you know whether your project has made a difference in the community? What information will be collected to enable you to know that the project has made a positive impact on your community and met the local need?  Evaluation of the course outcomes are strong and well evidenced by staff using comments and a scoring system that translates to easily understood data.							
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Y	es 🗌	Date con	tacted CIB		No 🗵	
To whom have you applied for		Name of Funder			Amount Applied For	Amount Received	
funding for this project (other than Wiltshire Council)?	Sį	purgeons		£1386	£1386		
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?	Y	es 🗌	No 🛭				
If yes, please state which one(s).							
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project		es 🗌	No [	3			
1	1						

4. Information relating to your last annual accounts (if applicable)						
Year ending: 2011	Month:	th: Year:				
A - Total income:	£125,147					
B - Minus total expenditure:	£125,981					
Surplus/deficit for year: (A minus B)	£-834					
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£					
5. Financial information – If you ca	an claim ba	ack V.A.T.	please <u>exclude</u> VA1	from the	e figures you	
provide us. If you have to pay the V.	A.T then p	lease inclu	ide V.A.T. in the figu	ures you	provide us.	
Project Costs A Please provide a <u>full</u> breakdown e.g. eq installation etc.	uipment,	Project Income B Please list all sources of funding for this project, as provisional (P) or confirmed (C)				
			(-)	P/C		
Freedom Facilitator Training	<b>£</b> 540	Own fund	draising/reserves		<b>£</b> 1,386	
Freedom Programme	£1,820				£	
Workshop x 1	<b>£</b> 412	Parish/to	wn council		£	
	£				£	
	£	Trusts/fo	undations		£	
	£				£	
	£	In kind			£	
	£				£	
	£					
	£	Other			£	
	£				£	
	£				£	
Total Project Expenditure	£2772	Total Pro	ject Income		£1,386	
				_		
Total project income B	£1,386					
Total project expenditure A	£2772					
Project shortfall A – B	£1,386					
Grant sought from Wiltshire Council Are	£1,386					
Bank Details						
Please give the name of the organisatio account e.g. Barclays	ns' bank					
Please give the name of the organisatio account e.g. Chippenham Scouts	ns' bank					

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)					
☐ Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year					
□ Terms of reference/constitution/group rules					
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 for help of expenses tion or arrays). Leading that					
7. Declaration (on behalf of organisation or group) – I confirm that					
☑ This application meets all 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 a grant is received, I will provide copies of <u>all</u> receipts and invoices associated with the grant and provide information and photographs to demonstrate how the grant was spent.					
☐ That any other form of licence or approval for this project has been received prior to submission of this grant 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					
☐ Planning permission applied for (date) or granted (date)					
☑ That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.					

Date: 10/07/2012

☑ I give permission for press and media coverage by Wiltshire Council in relation to this project.

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

Name:

Position in organisation: