



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 organisation | Salisbury Blind Choir | | | |
| Contact name | | | | |
| Contact address | | | | |
| Contact number | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"></td> <td style="border: none; text-align: center; width: 10%;">e-mail</td> <td style="border: none; width: 20%;"></td> </tr> </table> | | e-mail | |
| | e-mail | | | |
| Organisation type | Not for profit organisation <input type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify Community Group | | | |
| 2. Your project | | | | |
| Project Title/Name | Blind choir start up funding | | | |
| What is your project about and what does it aim to achieve? | Funding would go towards buying equipment and start up costs (including hire of hall and musical director) for a new blind choir. The group aims to be self funding after this initial grant, once new members have joined and pay a regular subscription The project aims to help blind people to gain confidence and network with other people facing similar difficulties. This project aims to act as a pathway to other activities available to people with a visual impairment. Building on legacy of London 2012 paralympics. | | | |
| <i>Important: This section is limited to 600 characters only (inclusive of spaces).</i> | | | | |
| In which community area does your project take place? (Please give name – see section 3) | Salisbury | | | |
| I/we have discussed our project with the town/parish council? | Yes <input checked="" type="checkbox"/> Date Oct 2012 No <input type="checkbox"/> | | | |
| I/we have discussed our project with our Wiltshire councillor? | Yes <input checked="" type="checkbox"/> Date Oct 2012 No <input type="checkbox"/> | | | |

| | | |
|---|--|-----------------------------|
| Where will your project take place? | British Legion Club in Salisbury | |
| When will your project take place? | Friday mornings from 11am-12.30pm | |
| How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? <i>Important: Please do not type/write in paragraphs – This section is limited to 700 characters only (inclusive of spaces)</i> | Working as a volunteer for charity Action for Blind People. People were telling me that they felt lonely and isolated, and a choir is a way of connecting with both men/women of all ages in a way that they can engage with. It will benefit the local visually impaired community by giving them companionship, raise their self-value and once they have confidence they can potentially move forward into greater community engagement. Helping those people to be aware of what else is available to them locally. Good promotional opportunity for visually impaired issues and understanding, may be able to perform in local community and build links/advertise other charities working for the blind. | |
| How many people will benefit from your project? | Want 35 people in choir, 10 currently | |
| 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. | Education + lifelong Learning P12 Culture + leisure P28 Health + Wellbeing P41 | |
| Any other information about your project. (Limited to a 1000 characters) | | |
| Choirs + their membership have been a proven method to increase confidence + self-esteem. Our members will be empowered to retain their independence, reduce frustrations and be seen as a proactive and positive group in the community. | | |
| 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 type="checkbox"/> | No <input type="checkbox"/> |
| Could your project be funded from your reserves? | Yes <input type="checkbox"/> | No <input 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 type="checkbox"/> |

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" value="1"/> | Female | <input type="text" value="2"/> |
| 25 – 50 years | Male | <input type="text"/> | Female | <input type="text" value="1"/> |
| Under 25 years | Male | <input type="text"/> | Female | <input type="text"/> |
| 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 will continue after the Wiltshire Council funding runs out, how will you continue to fund it?
Self funded through regular member subscriptions

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?

Number of people engaging with local blind charities - Wiltshire Blind, Action for the Blind, Sight Vision. Number of blind people who actually join the group. Links that are made with other local groups e.g. schools, residential dwellings etc to raise awareness of the positive skills and experience & also the difficulties that are overcome by partially sighted and blind people.

Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?

Yes

Date contacted CIB

No

To whom have you applied for funding for this project (other than Wiltshire Council)?

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

Name of Funder

Amount Applied For

Amount Received

Have you or do you intend to apply for a grant from another area board within this financial year?

Yes

No

If yes, please state which one(s).

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: | Month: | Year: | |
| A - Total income: | £ | | |
| B - Minus total expenditure: | £ | | |
| Surplus/deficit for year: (A minus B) | £ | | |
| Free reserves currently held (i.e. money not committed to other projects/operating costs) | £ | | |
| 5. Financial information – If you can claim back V.A.T. please exclude VAT from the figures you provide us. If you have to pay the V.A.T then please include V.A.T. in the figures you provide us. | | | |
| 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 | |
| Equipment. | £ 120 | Own fundraising/reserves | £ 1,080 |
| Venue hire | £ 450 | | £ |
| Music Director | £ 1200 | Parish/town council | £ |
| Advertising / telephone + sung books | £ 200 | | £ |
| | £ | Trusts/foundations | £ |
| | £ | | £ |
| | £ | In kind | £ |
| | £ | | £ |
| | £ | | £ |
| | £ | Other | £ |
| | £ | | £ |
| Total Project Expenditure | £ 1970 | Total Project Income | £ |
| Total project income B | | £ 1080 | |
| Total project expenditure A | | £ 1970 | |
| Project shortfall A – B | | £ 890. | |
| Grant sought from Wiltshire Council Area Board | | £ 1000 | |
| Bank Details | | | |
| Please give the name of the organisations' bank account e.g. Barclays | | | |
| Please give the name of the organisations' bank account e.g. Chippenham Scouts | | | |

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)

- All 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...

- 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 all 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 *British Legion
- 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.

W/A

Name:

Date:

Position in organisation:

11/12/12

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

