

## 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	Inside Out		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input type="checkbox"/>		
	Other, please specify		

### 2. Your project

Project Title/Name	Inside Out.		
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>	Our aim is to provide some provision for people with learning disabilities in our area. Since the closure of M.R.C. and the Wyvern Unit there is very limited provision for these people. We aim to provide stimulation, social interaction and a feeling of community. While providing much needed respite for caring relatives.		
In which community area does your project take place? (Please give name - see section 3)	Marlborough		
I/we have discussed our project with the town/parish council?	Yes <input type="checkbox"/>	Date	No <input checked="" type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input checked="" type="checkbox"/>	Date	No <input type="checkbox"/>

Where will your project take place?	A.	
When will your project take place?		
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 800 characters only (inclusive of spaces)</i>	The need was established when the M. R. C. and the Wyvern Unit closed almost two years ago.	
How many people will benefit from your project?	20 people with learning Disabilities and still growing	
How does your project demonstrate a direct link to the local community plan for your area (see <a href="http://www.wiltshire.gov.uk/areabords">www.wiltshire.gov.uk/areabords</a> ) or priorities of your area board?  Please provide a reference/page no.	Our project demonstrates Care in the Community	
Any other information about your project. (Limited to a 1000 characters)		
The group was formed eighteen months ago, in answer to a desperate need in our community for a place that people with learning Disabilities could meet and socialise in safety, with suitable qualified people to care for them. This is a voluntary group which meets every Tuesday and provides a range of activities suitable to their disability.		
<b>To be completed ONLY where town/parish councils are making an application</b>		
Is your project one which parish/town councils have powers to raise local taxes to fund?	Yes <input type="checkbox"/>	No <input checked="" 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? <i>If you answer YES please provide evidence elsewhere on the application form</i> )	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="checkbox"/>	Female	<input type="checkbox"/>
25 – 50 years	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Under 25 years	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Disabled People	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Black and Minority Ethnic people	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

\* Plus the carers of some of the more demanding clients.

If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?

We will fund as we always have by fund raising (selling Christmas cards and items of sewing made by our members).

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?

We can only point to the fact that our members look forward and enjoy their time with us.

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)?

Name of Funder

Amount Applied For

Amount Received

Please list 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?

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:	£	N/A.
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	£
Coach full day for trip to MINSTEAD	£ 380	Own fundraising/reserves		£
	£	Parish/town council		£
Coach to seaside or amusement park.	£ 380	Trusts/foundations		£
	£			£
Entrance fees and lunches can only say approx.	£ 200.	In kind		£
* Entrance fees for people with learning disabilities at Minstead are free.	£	Other		£
	£			£
	£			£
<b>Total Project Expenditure</b>	£ 960	<b>Total Project Income</b>		£
<b>Total project income B</b>				£
<b>Total project expenditure A</b>				£
<b>Project shortfall A – B</b> *		£ Any shortfall for either trip will be made up by the groups fund raising.		
<b>Grant sought from Wiltshire Council Area Board</b>				£
<b>Bank Details</b>				
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 *New Group*
- 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
- 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:

*[Redacted Name]*

Date:

Position in organisation:

*Group Leader.*

*1.11.12.*

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

