



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	Management Committee Lansdowne Hall, Derry Hill		
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	Derry Hill Village defibrillator project		
What is your project about and what does it aim to achieve?	To purchase a defibrillator for the outside of the village hall or another central village location at Derry Hill for public access use To benefit the health of the people of Derry Hill in case of sudden cardiac arrest We would like to emphasise that the outside of Village Hall itself is one convenient location to site the defibrillator within the village but a nearby location may be decided on after due discussion, so that it will be accessible to anyone who needs it in an emergency. The Village Hall Committee are organising this project for the community rather than the hall itself		
Important: This section is limited to 600 characters only (inclusive of spaces).			
In which community area does your project take place? (Please give name – see section 3)	Calne Area Board		
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/>	Date 5/11/12	No <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No <input checked="" type="checkbox"/>

Where will your project take place?	Derry Hill
When will your project take place?	As soon as funding is available
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>	We realised that public access defibrillators are becoming commonly found in communities in our area and then started investigating the possible benefits to our community. The benefit will be the possibility of treating patients with sudden cardiac arrest with the defibrillator in conjunction with cardio pulmonary resuscitation while awaiting the arrival of the ambulance. This immediate treatment can save lives.
How many people will benefit from your project?	People living in 600 houses
How does your project demonstrate a direct link to the local community plan for your area? (see www.wiltshire.gov.uk/areaboard) or priorities of your area board) Please provide a reference/page no.	Health and Social Care 6.9 Access to Services in evenings and weekends 6.11 Support for people to improve their own health
Any other information about your project. (Limited to a 1000 characters) We have not included a quote for this funding because the defibrillator would be provided through the charity Community Heartbeat Trust. This charity works with the Ambulance Service in this area to provide approved equipment. In the event of a sudden cardiac arrest, the person helping the patient must dial 999 to get access to the nearest defibrillator using a code supplied by the Ambulance service to open the box. The Ambulance Service from that point on provides all instruction on how to proceed. To show the price required please go to the website www.communityheartbeat.org.uk and click on 'What next?' tab We have been assured verbally that Planning Permission is not needed for this project and we are currently seeking that information in writing.	
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

Female

25 – 50 years

Male

Female

Under 25 years

Male

Female

Disabled People

Male

Female

Black and Minority Ethnic people

Male

Female

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

From locally raised funding

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?

Records are kept by the Ambulance Service

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

Parish Council, Calne Without

£500

£200

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: 2011	Month: Dec	Year: 2011
A - Total income:	£33,087	
B - Minus total expenditure:	£37,852	
Surplus/deficit for year: (A minus B)	£- 4765	
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£25,401	

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	
Defibrillator	£1,900	Own fundraising/reserves	P	£850
Installation	£150			£
	£	Parish/town council	C	£200
	£	Trusts/foundations		£
In kind Clerical help	£192	In kind	P	£192
	£			£
	£			
	£	Other		£
	£			£
Total Project Expenditure	£2,242	Total Project Income		£1,242
Total project income B		£1,242		
Total project expenditure A		£2,242		
Project shortfall A – B		£1,000		
Grant sought from Wiltshire Council Area Board		£1,000		
Bank Details				
Please give the name of the organisations' bank account e.g. Barclays		NatWest		
Please give the name of the organisations' bank account e.g. Chippenham Scouts		Lansdowne Hall		

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
- Public Liability Insurance Equal opportunities
- Access audit Environmental impact
- Planning permission applied for (date) NA 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: 04/12/2012

Position in organisation: Village Hall Committee Member

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