Section 7



Reference no

Log no

For office use

Small Grant Application Form

2012/2013

For small projects requiring funding - maximum award £350 where total projects costs do not exceed £350

Please ensure that you have read the Funding Criteria before completing this form PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED

| 1. Your organisati | on or group | | | |
|---|---|---|--|--|
| Name of organisation | 3M's Magical Memory Moments Memory cafe | | | |
| Contact name | | | | |
| Contact address | | | | |
| Contact number | | e-mail | | |
| Organisation type | Not for profit o | rganisation [ゾ] Other, please specify | | |
| 2. Your project | | | | |
| Project Title/Name | Storage c | supboards and entertainment | | |
| Please briefly tell us about the project /activity you want to organise and why Important: This section is limited to 600 characters only (inclusive of spaces). | 3M's Memory Cafe was started in September to of a place where suffers with dementia and there carers could meet in a cafe atmosphere for a meeting with others who have similar problems. We also have visits on occasions from health professionals. | | | |
| In which community area does your project take place? (Please give name – see section 3 of the grants pack) | | North Area Board region Latton to Lyneham centred on Roya Wootton Bassett | | |
| Where will your project take place? | | Civic Centre RWB | | |
| When will your project take place? | | Meetings Take place every other Friday | | |

| How will your project benefit your local community? | | | | | |
|---|---|-----------------------|--------------------|--|--|
| Important: This section is limited to 300 characters only (inclusive of spaces). | We require storage in the form of a filling cabinet for storage at £79.99 from staples, and a CD player from Curry's at £99.99 to provide entertainment | | | | |
| How many people will benefit from your project? | At the moment we have 14 regular attenders | | | | |
| Any other information about your project | ect. | | | | |
| | | | | | |
| 3. Funding | | | | | |
| What will be the total cost of your project? | £ 178.98 | | | | |
| How much funding are you applying for (maximum £350)? | £ 178.98 | | | | |
| If you are expecting to receive any other funding for your project, please give details | Source of Funding | Amount Applied For | Amount Received | | |
| | | | | | |
| | | | | | |
| Name of the organisation and the bank account name (but not the | 3M's Magical Memory Moment | s | | | |
| number) your grant funding will be paid in to: (Please Note: we cannot pay money into an individual's bank account) | Hsbc | | | | |
| 4. Declaration (on behalf of orga | nisation or group) – I confirm tha | it | | | |
| ☑ The information on this form is corr specified | ect and that any grant received will be s | spent on the acti | vities | | |
| ヴ Any form of licence, insurance or o project outlined in this application | ther approval for this project will be in | place before the | start of the | | |
| | n of Wiltshire Council support in any pu | blicity, printed o | or website | | |
| प्रि I give permission for press and media coverage by Wiltshire Council in relation to this project. | | | | | |
| Name: | Date: | ecember | | | |
| Position in organisation: Chairman 2012 | | | | | |
| Please return your completed applicati | on to the appropriate Area Board Local | ity Team (see s | ection 3) | | |