## "Your Community - Our Support" Grant Application from North Wiltshire District Council Community Award Scheme

Please ensure you have read the Community Award Scheme Guidance Notes before completing this form

ALL SECTIONS MUST BE COMPLETED, OR YOUR APPLICATION WILL NOT BE CONSIDERED.

Section 1 – Tell us About Your Organisation or Group						
Name of Organisation:-						
Name of Contact Person:-						
Contact Address:-						
Daytime Contact Number:-	Email:					
Are you applying as (please tick) ☐ non-profit make	king organisation □ other □ Local Auth.					
Section 2 – Tell us about your Project						
In which Community Area will your project be taking place? (Please tick) <i>Please refer to map in pack</i>	□ 1 □ 2 □ 3 □ 4 □ 5 □ District-wide					
In which Parish Council area will your project take plac	e?					
Which Community Area Funding Priority does your project seek to address? (see covering letter)						
If successful, how will you spend your grant (e.g. erect a youth shelter)?						
and the second s						
What does your project aim to achieve?						
what does your project aim to achieve?						
What sort of funding are you applying for? (please tick)	) □ Capital > £500 □ Revenue					
If you are applying for a Revenue award could you guar						
Project can be completed by 31 March 2006? (please tick) □ No  If there are on-going running costs to your project please tell us how these will be met in future (not by						
NWDC)	se tell us now these will be met in future (not by					
How will this project benefit local people and approximately how many will benefit?						
What other Agencies/Groups/Organisations are involved in this project?						
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Has your organisation received a previous grant award from this Council (please tick)	□ No `		vide details below)		
What was the previous project about?	□ Not Su	ure			
Amount of Grant Awarded:-		Date/Year of Aw	vard:-		
	rt vour appli			involver	mont
Section 3 - Additional information to suppor	rt your appii	cation e.g. consu	itation & community	invoiver	nent
<u> </u>					
Section 4 - Tell us about the financial aspec	ts of your a	pplication (compl	ete in full)		
		_	ne - please list sourc	es of fu	nding for
<b>Project Costs</b> - please provide <u>full</u> break equipment, installation etc.	down e.g.	this project, indicating whether provisional (P) or			
		confirmed (C)		P/	
	£			£	
	£			£	
	£			£	
	£			£	
	£			£	
	£			£	
	£			£	
	£			£	
Total Project Expenditure	£	Total Project Inc	come	£	
Total i Toject Experiulture	~	Total i Toject ilit	come		•
Project Shortfall (Expenditure = Income)	£	GRANT NOW S	OUGHT FROM NWDC	£	
FAILURE TO PROVIDE THE FOLLOWING IN	IFORMATIO	N WITH THIS FOR	RM WILL CAUSE YOU	IR APPL	ICATION
TO BE RE.	JECTED AN	D RETURNED TO	YOU		
☐ Please tick this box to indicate that you	have includ	ed a copy of last	year's financial acco	unts (un	less
newly formed group).  ☐ Please tick this box to indicate that you	have includ	ed some financia	l evidence or compar	ative qu	otes
related to the project/equipment outlined					
Section 5 - Declaration (on behalf of organis	sation or gro	oup)			
☐ I confirm that the information on this for	m is correc	t, that any grant r	eceived will be spent	on the a	activities
specified, that I will complete a monitori				oject	
<ul><li>□ I confirm if a grant is received that I will</li><li>□ I confirm that if necessary any planning</li></ul>				val for ti	hie
project has been received prior to subm			ii oi licelice oi appio	vai ioi ti	1115
☐ I confirm that the necessary policies and	d procedure	s will be in place			
Insurance , Equal Opportunities etc prio	r to the com	nmencement of th	e project outlined in	this app	lication
Name			Date		
EReturn your complete application to:	- Communit	y Partnerships. C	ommunity & Environi	ment. Mo	onkton
Park, Chippenham, Wiltshi					