

# “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:-** Calne Community Area Partnership

**Name of Contact Person:-**

**Contact Address:-**

**Daytime Contact Number:-**

**Email:**

**Are you applying as (please tick)**     non-profit making organisation     other     Local Auth.

### Section 2 – Tell us about your Project

**In which Community Area will your project be taking place? (Please tick) Please refer to map in pack**

	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> District-wide
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**In which Parish Council area will your project take place?**

All parishes in Area 5 plus events outside of the area which may attract the population of area 5.

**Which Community Area Funding Priority does your project seek to address? (see covering letter)**

The project aims to address all issues and milestones in the Calne Community Area Plan through promoting the Community Planning Process.

**If successful, how will you spend your grant (e.g. erect a youth shelter)?**

Design and production of generic, promotional exhibition (Initially for use at North Wilts Festival)

**What does your project aim to achieve?**

To promote and further the community planning process in Area 5

**What sort of funding are you applying for? (please tick)**     Capital > £500     Revenue

**If you are applying for a Revenue award could you guarantee that the Project can be completed by 31 March 2006? (please tick)**

Yes  
 No

**If there are on-going running costs to your project please tell us how these will be met in future (not by NWDC)**

N/A

**How will this project benefit local people and approximately how many will benefit?**

To help achieve the vision of the Calne Community Area Partnership: 'to improve the quality of life for all people who live, work or visit the Calne Community Area. We want people to have the opportunity to be involved in their local community and to believe that they can make a difference.'

**What other Agencies/Groups/Organisations are involved in this project?**

**Has your organisation received a previous grant award from this Council (please tick)**

Yes (If yes, please provide details below)  
 No  
 Not Sure

**What was the previous project about?** A 12 month programme aimed at enabling the community to develop the capacity to work towards the development of a strategic community plan.

**Amount of Grant Awarded:-** £6,000

**Date/Year of Award:-** 2003

**Section 3 - Additional information to support your application e.g. consultation & community involvement**

This application promotes the community planning process and community involvement in local decision making.

**Section 4 - Tell us about the financial aspects of your application (complete in full)**

**Project Costs – please provide full break down e.g. equipment, installation etc.**

**Project Income - please list sources of funding for this project, indicating whether provisional (P) or confirmed (C)**

			P/ C	£
		CCAP	C	£1,500
Photography	£ 450			£
Design	£ 250			£
4 x Printing and Graphic Stands	£1,600			£
Promotional give-aways	£ 700			£
<b>Total Project Expenditure</b>	<b>£3,000</b>	<b>Total Project Income</b>		<b>£1,500</b>
<b>Project Shortfall (Expenditure - Income)</b>	<b>£1,500</b>	<b>GRANT NOW SOUGHT FROM NWDC</b>		<b>£1,500</b>

**FAILURE TO PROVIDE THE FOLLOWING INFORMATION WITH THIS FORM WILL CAUSE YOUR APPLICATION TO BE REJECTED AND RETURNED TO YOU**

- .. Please tick this box to indicate that you have included a copy of last year's financial accounts (unless newly formed group).
- .. Please tick this box to indicate that you have included some financial evidence or comparative quotes related to the project/equipment outlined in your application where necessary.

**Section 5 - Declaration (on behalf of organisation or group)**

- .. I confirm that the information on this form is correct, that any grant received will be spent on the activities specified, that I will complete a monitoring form (if requested) at the completion of the project
- .. I confirm if a grant is received that I will complete and return an evaluation sheet.
- .. I confirm that if necessary any planning permission, or any other form of licence or approval for this project has been received prior to submission of this application
- .. I confirm that the necessary policies and procedures will be in place e.g. Child Protection, Public Liability Insurance , Equal Opportunities etc prior to the commencement of the project outlined in this application