## **Community Area Award Application Grant Application Form**

Calne Community Area (5)

North Wiltshire District Council

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

1 - Your Organisation or Group					
Name of Organisation					
Contact Name					
Contact Address					
Contact number		e-mail			
Organisation Type	Non profit organisa	ation   Local Authority   Other			
2 – Your Project					
In which Community Area does your project take place?		1 2 3 4 5			
In which Parish does your project take place?					
What is your project?					
Where will your project take place?					
When will your project take place					
Does your project demonstrate a direct link to the		YES			
Community Plan for the area?		NO 🗆			
If YES, please provide a reference/page no.		CARITAL			
Are you applying for Capital or R	evenue Funding?	☐ CAPITAL ☐ REVENUE			
If you are applying for Revenue funding, please		YES			
confirm that your project will be March 2008	completed by 31st	NO 🗆			
What is the Community benefit of your project, and approximately how many people will benefit?					
The state of the s					
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future					
Has your organisation received a	Yes (please	provide details below) No			
previous award from this Council?					
Date and amount of previous award		£			
Details of award(s)					

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures						
4 - Financial Information						
PROJECT COSTS		PROJECT INCOME				
Please provide a <u>full</u> breakdown e.g		Please list all sources of funding for this project, as provisional (P) or confirmed (C)				
equipment, installation etc.		P/C				
	£		1,75	£		
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
TOTAL PROJECT EXPENDITURE	£	TOTAL PROJECT INCOME		£		
Total Ducinet Income		£				
Total Project Income  Total Project Expenditure		£				
Project Shortfall		£				
Award sought from NWDC		£				
Is your organisation able to claim V	AT?	YES NO NO				
THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED						
Please tick this box to indicate accounts, confirming your year end	that you ha	ave included a signed off sum	nary of exa	mined		
SECTION 5 – Declaration (on behalf of organisation or group) – I confirm that						
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 an award is received that I will complete and return an evaluation sheet						
$\overline{\square}$ That any other form of licence or approval for this project has been received prior to submission of						
this application						
☐ That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. ☐ Child Protection ☐ Public Liability Insurance						
☐ Equal Opportunities ☐ Access Audit						
☐ Planning permission applied for (date) or granted (date)						
<ul><li>☐ That acknowledgement will be given of NWDC support in any publicity or printed material.</li><li>☐ I give permission for press and media coverage by NWDC in relation to this project.</li></ul>						
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Name: Position in organisation:			Date:			
Please return your completed application to: Community Partnership Officer, Community &						
Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail						
ivaughan@northwilts.gov.uk						