## **Community Award Application Form**



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	Calne Leisure Centre Ltd				
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?		To provide a lift which will be used only by disabled people so they can easily access the first floor of the CLC			
Where will your project take place	e?	At the Calne Leisure Centre			
When will your project take place?		As soon as the funds are available			
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.		YES ⊠ Social Care and Health NO □			
Please confirm that your project by 31 <sup>st</sup> March 2009	will be completed	YES⊠ NO □			
What is the Community benefit of your project, and approximately how many people will benefit? (IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES) Currently there is no access for the disabled to reach the first floor of the leisure centre which means they cannot use the restaurant facilities or the viewing galleries for the sports hall or the swimming pool. At present it is known that between 10 and 20 disabled people use the leisure centre and this number is expected to increase by 30% if a new platform lift is installed. The aim is to give the disabled equal access to the leisure centre in accordance with guidelines of the Disability Discrimination Act.					
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future From income					
Has your organisation received a previous award from this Council?	⊠ Yes (please provide details below) □No				
Date of amount and previous award	07/2007	£135000			
Details of award(s)	£75000 for new group centre	ym equipment plus £60000 for refurbishment of the			

3 – Additional information to support and strengthen your application e.g consultation, community							
involvement, energy efficiency measures (IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)							
4 - Financial Information							
PROJECT COSTS Please provide a full breakdown e.g		PROJECT INCOME Please list all sources of funding for this project, as					
equipment, installation etc.		provisional (P) or confirmed (C)					
			P/C				
Attached as enclosure 1	17000		С	<b>£</b> 7800			
Electrical/ Assoc Building Work	£2500			£			
	£			£			
	£			£			
	£			£			
	£			£			
TOTAL PROJECT EXPENDITURE	<b>£</b> 19500	TOTAL PROJECT INCOME		<b>£</b> 7800			
Total Project Income		£7800					
Total Project Expenditure		£19500					
Project Shortfall Award sought from NWDC		£11700 £11700					
Is your organisation able to claim V	AT?						
			WILL RES	SULT IN THE			
THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED							
Please tick this box to indicate			nary of exa	amined			
accounts, confirming your year end accounts, assets and reserves.							
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.							
$\boxtimes$ If an award is received that I will				n the project.			
$\overline{oxedsymbol{\boxtimes}}$ That any other form of licence or approval for this project has been received prior to submission of							
this application In That the necessary policies and procedures will be in place prior to the commencement of the							
project outlined in this application.							
Equal Opportunities 🗌 Access Audit							
Planning permission applied for (date) or granted (date) That acknowledgement will be given of NWDC support in any publicity or printed material.							
I give permission for press and media coverage by NWDC in relation to this project.							
Name:		I	Date: 03/06	6/2008			
Position in organisation:							
Please return your completed application to: Community Partnerships Team, Community							
Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail							
community@northwilts.gov.uk							