

“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) <input type="checkbox"/> non-profit making organisation <input type="checkbox"/> other <input type="checkbox"/> 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>		<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
In which Parish Council area will your project take place?							
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)?							
What does your project aim to achieve?							
What sort of funding are you applying for? (please tick)		<input type="checkbox"/> Capital > £500		<input type="checkbox"/> Revenue			
If you are applying for a Revenue award could you guarantee that the Project can be completed by 31 March 2006? (please tick)				<input type="checkbox"/> Yes			
				<input type="checkbox"/> No			
If there are on-going running costs to your project please tell us how these will be met in future (not by NWDC)							
How will this project benefit local people and approximately how many will benefit?							
What other Agencies/Groups/Organisations are involved in this project?							

Has your organisation received a previous grant award from this Council (please tick)	<input type="checkbox"/> Yes (If yes, please provide details below) <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
What was the previous project about?			
Amount of Grant Awarded:-	Date/Year of Award:-		
Section 3 - Additional information to support your application e.g. consultation & community involvement			
Section 4 - Tell us about the financial aspects of your application (complete in full)			
Project Costs - please provide <u>full</u> 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/
£			£
£			£
£			£
£			£
£			£
£			£
£			£
£			£
£			£
£			£
Total Project Expenditure	£	Total Project Income	£
Project Shortfall (Expenditure - Income)	£	GRANT NOW SOUGHT FROM NWDC	£
FAILURE TO PROVIDE THE FOLLOWING INFORMATION WITH THIS FORM WILL CAUSE YOUR APPLICATION TO BE REJECTED AND RETURNED TO YOU			
<input type="checkbox"/> Please tick this box to indicate that you have included a copy of last year's financial accounts (unless newly formed group).			
<input type="checkbox"/> 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)			
<input type="checkbox"/> 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			
<input type="checkbox"/> I confirm if a grant is received that I will complete and return an evaluation sheet			
<input type="checkbox"/> 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			
<input type="checkbox"/> 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			
..... Name		 Date
<input type="checkbox"/> Return your complete application to:- Community Partnerships, Community & Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or email community@northwilts.gov.uk			

