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

Section 1 – Tell us About Your Organisation or Gro	up					
Name of Organisation:-						
Name of Contact Person:-						
Contact Address:-						
Daytime Contact Number:-	Email:					
	rofit making other	Local Auth.				
Section 2 – Tell us about your Project	on					
In which Community Area will your project be takin place? (Please tick) <i>Please refer to map in pack</i>	g " 1 " 2 / " 4 " 4	District-wide				
place? (Flease tick) Flease refer to map in pack	3					
In which Parish Council area will your project take	place? Chippenham					
Which Community Area Funding Priority does your project seek to address? (see covering letter)						
Addressing the needs of people with financial and	debt issues.					
If successful, how will you spend your grant (e.g. e	rect a youth shelter)?					
Setting up a North Wiltshire Credit Union Collection Point in Chippenham.						
What does your project aim to achieve?						
Offer a local facility where people can save money and take out low cost loans. The Credit Union is						
particularly useful for people on low incomes or who are financially excluded. The Credit Union helps people						
to budget more effectively and is working on a scheme which will enable people to get out of debt.						
What sort of funding are you applying for? (please		Revenue				
If you are applying for a Revenue award could you guarantee that the						
Project can be completed by 31 March 2006? (please tick) If there are on-going running costs to your project please tell us how these will be met in future (not by NWDC)						
The North Wiltshire Credit Union self finances its c	osts and is run by volunteers.					
How will this project benefit local people and approximately how many will benefit?						
Benefits all local people who join the North Wiltshire Credit Union particularly those those that find difficulty						
saving and managing urgent cash requirements.						
What other Agencies/Groups/Organisations are involved in this project?						
Westlea Housing Association - providing the accommodation, Supported by Community First and Regulated by the Financial Services Authority						
Has your organisation received a previous Yes (If yes, please provide details below)						
grant award from this Council (please tick) / No (For Area 3) 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

5 volunteers have been trained to run the first Collection Point (a minimum of 2 is required, preferably 3 for each opening) at Avonside, Westmead Lane, Chippenham on Thursdays from 9.30am to 10.30am.

As more volunteers are recruited and if suitable premises are identified in Chippenham and the surrounding villages, it is the intention to open more Collection Points so that we are offering a choice of venue, day and time.

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/ C	£
Office set up and equipment	£ 100			£
Publicity and marketing	£ 150			£
Signs	£ 200			£
Volunteer expences	£ 50			£
	£			£
	£			£
	£			£
Total Project Expenditure	£ 500	Total Project Income		£
Project Shortfall (Expenditure = Income)	£ 500	GRANT NOW SOUGHT FROM NWDC		£ 500

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

approation		
Name Pam Sharratt	Date 21st November 2005	

+ Return your complete application to:- Community Partnerships, Community & Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or email community@northwilts.gov.uk