

## CHIPPENHAM COMMUNITY AREA (3)

# “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)     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	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? Chippenham

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

6. Health and Social Care, 6.5 Pre-School Services, 6.7 Living, 6.10 Support, 6.12 Access

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

Printed stationery to include the newly awarded 'Bristol Standard' and 'Investors in Children' marks

What does your project aim to achieve?

We are a registered charity (no 1040625) offering a free weekly home teaching service for pre-school children with additional needs. The quality assurance marks on stationery are another reassurance to vulnerable parents who have just had a 'special needs' diagnosis on their child. It also shows other professionals, funders, ofsted and the charity commission that we are providing a worthwhile service.

What sort of funding are you applying for? (please tick)

<input type="checkbox"/> Capital > £500	<input type="checkbox"/> Revenue
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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	N/A
<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)

Reprinting costs would be built into future budgets, which are strictly adhered to during the financial year.

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

We are currently working with 30 families and have 14 on the waiting list. It is further proof of our professionalism along with our recent service evaluation.

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

This is a solo 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
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What was the previous project about? N/A

Amount of Grant Awarded:- N/A	Date/Year of Award:- N/A
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**Section 3 - Additional information to support your application e.g. consultation & community involvement**

By doing this quality assurance scheme over the last 3 years it has made us appraise all aspects of the service we provide. For instance management, policies, staffing, paperwork, training and of course the work we do with our 'portage' families. It has highlighted both the positive and negative points and enabled us to set goals for the future.

**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	£
Avon Printing Headed Paper	£182	Bristol Masonic Lodge	C	£50
Avon Printing Compliment Slips	£154			
<b>Total Project Expenditure</b>	<b>£336</b>	<b>Total Project Income</b>		<b>£50</b>
<b>Project Shortfall (Expenditure - Income)</b>	<b>£286</b>	<b>GRANT NOW SOUGHT FROM NWDC</b>		<b>£286</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

..... Name	28 December 2005 ..... Date
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+ Return your complete application to:- Community Partnerships, Community & Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or email [community@northwilts.gov.uk](mailto:community@northwilts.gov.uk)