

Community Area Award Application Grant Application Form

Chippenham Community Area (3)

*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	The Open Blue Trust
Contact Name	
Contact Address	
Contact number	e-mail
Organisation Type	Non profit organisation <input checked="" type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/>
2 – Your Project	
In which Community Area does your project take place?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
In which Parish does your project take place?	Chippenham
What is your project?	To provide a disabled ramp for the Open Blue Bus.
Where will your project take place?	
When will your project take place?	
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Are you applying for Capital or Revenue Funding?	<input type="checkbox"/> CAPITAL <input checked="" type="checkbox"/> REVENUE
If you are applying for Revenue funding, please confirm that your project will be completed by 31st March 2008	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
What is the Community benefit of your project, and approximately how many people will benefit? To improve the disability access to the mobile community centre. At present Disabled access is limited. Purchasing the disability ramp would enable disabled children and adults to access all the bus facilities. The bus visits a range of locations such as Chippenham, Hullavington & Lacock. In these venues and others across North Wiltshire, the bus provides a place to meet for parents and babies (with Health visitors running clinics on the bus), it provides a place for older resident to meet and chat and also provides after school facilities for children aged 5 to 14 yrs.	
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future Funding for this project will be met by other funding organisations who have already committed to supporting it. Eg Wiltshire Children's Fund, Vodafone	
Has your organisation received a previous award from this Council?	<input type="checkbox"/> Yes (please provide details below) <input checked="" type="checkbox"/> No
Date of amount and previous award	£
Details of award(s)	

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures

While we dont have an access audit at present. Wheelchair access to the upper deck is not possible but we make sure activities that take place on the upper deck are available on the lower deck too.

4 - Financial Information

PROJECT COSTS Please provide a <u>full</u> breakdown e.g equipment, installation etc.		PROJECT INCOME Please list all sources of funding for this project, as provisional (P) or confirmed (C)		
			P/C	
Disabled Ramp	£500			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
TOTAL PROJECT EXPENDITURE	£500	TOTAL PROJECT INCOME		£

Total Project Income	£
Total Project Expenditure	£500
Project Shortfall	£
Award sought from NWDC	£500
Is your organisation able to claim VAT?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED

Please tick this box to indicate that you have included a signed off summary of examined 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.
- If an award is received that I will complete and return an evaluation sheet
- 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)
- 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: _____ Date: 30/08/2007
 Position in organisation: _____

 Please return your completed application to: Community Partnership Officer, Community & Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail vwelsh@northwilts.gov.uk