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	Cricklade Historical Society				
Contact Name					
Contact Address					
Contact number		e-mail			
Organisation Type	Non profit organis	ation 🛛 Local Authority 🗌 Other 🗌			
2 – Your Project					
In which Community Area does your project take place?		1 2 3 3 4 5			
In which Parish does your project take place?		Cricklade			
What is your project?		New multimedia equipment for presentation purposes			
Where will your project take place?		Cricklade			
When will your project take place?		January 2009			
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.		YES ⊠ Pages 9, 23, 24 NO □			
Please confirm that your project v by 31 st March 2009	vill 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) Cricklade Historical Society are in need of presentation equipment in order to be able to support their speaker programme. Increasingly speakers require a multimedia projector for their talks and we also need a portable overhead projector. The additional multimedia hardware would be used in delivering the Historical Society speaker programme and for other events arranged on behalf of Cricklade Museum. The benefit to the community of the above is that it will enable the continuance of a regular speaker programme with guest speakers who have a wide range of presentation requirements. These talks are often locally based and help reinforce the local community spirit as well as providing an opportunity for interaction and learning. The Society currently provides a programme of around 11 talks a year, at which our average attendance is circa 40. Without the ability to source some of our speakers, the programme will be less varied and interesting and attendance may dwindle.					
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future The maintenance and running costs will be borne by Cricklade Historical Society					
Has your organisation received a previous award from this Council?	_ "	provide details below) □No			
Date of amount and previous award	18/10/06	£340			
Details of award(s)	Two computer mo	onitors for Cricklade Museum			

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures						
(IMPORTANT: PLEASE DO NOT TYPE IN PAR		HIS SECTION IS LIMITED TO 1500 C	HARACTERS O	NLY (INCLUSIVE		
OF SPACES)						
Cricklade Historical Society has over 150 registered members and is active in the local community. As well as a varied speaker programme its volunteers maintain Cricklade Museum on an entirely voluntary basis with an						
annual fund raising campaign focused						
the reserves up to the levels required of				3		
The charity trustees have decided to se						
they have yet to build sufficient reserves to achieve the target set by the Museums, Libraries & Archives						
Council.						
4 - Financial Information						
PROJECT COSTS Please provide a <u>full</u> breakdown e.g		PROJECT INCOME Please list all sources of funding for this project, as				
equipment, installation etc.		provisional (P) or confirmed (C)				
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Optoma EP727iLWP multimedia proj	£511		1	£		
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
	£		1	£		
TOTAL PROJECT EXPENDITURE	£511	TOTAL PROJECT INCOME	1	£		
Total Project Income £0						
Total Project Expenditure		£511				
Project Shortfall		£511				
Award sought from NWDC		£511				
Is your organisation able to claim V	AT?	YES ☐ NO ⊠				
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 organisa	tion or group) – I confirm tha	ıt			
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 In this application the commencement of the comm						
project outlined in this application. Child Protection Public Liability Insurance						
☐ 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: 16/11/	/2008		
Position in organisation:						
Please return your comple	eted applica	ation to: Community Partners	hips Team	Community		
Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail						
community@northwilts.gov.uk						