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					
Contact Name					
Contact Address					
Contact number		e-mail			
Organisation Type	Non profit organisa	ation Local Authority Other			
2 – Your Project					
In which Community Area does your project take place?		1 2 3 4 5			
In which Parish does your project take place?					
What is your project?					
Where will your project take plac	e?				
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 NO			
Are you applying for Capital or Revenue Funding?		CAPITAL REVENUE			
If you are applying for Revenue f confirm that your project will be March 2008	unding, please completed by 31 st	YES NO			
		s. Please tell us how these will be met in the future			
Has your organisation received a previous award from this Council?	I a ☐ Yes (please provide details below) ☐ 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						
4 - Financial Information						
PROJECT COSTS		PROJECT INCOME				
Please provide a <u>full</u> breakdown e.g equipment, installation etc.		Please list all sources of funding for this project, as provisional (P) or confirmed (C)				
equipment, instanation etc.		P/C				
	£		1,0	£		
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
TOTAL PROJECT EXPENDITURE	£	TOTAL PROJECT INCOME		£		
TOTAL PROJECT EXPENDITURE £ TOTAL PROJECT INCOME £						
Total Project Income		£				
Total Project Expenditure		£				
Project Shortfall		£				
Award saught from NWDC		£				
Is your organisation able to claim V	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 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						
☐ Equal Opportunities ☐ Access Addit☐ Planning permission applied for or granted						
☐ 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:		<u> </u>	Date:			
Position in organisation:		Date:				
Please return your completed application to: Community Partnership Officer, Community & Environment, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail						
vwelsh@northwilts.gov.uk						