

## Community Area Award Application Grant Application from North Wiltshire District Council

Please ensure that you have read 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	Malmesbury Health Visitors/Wiltshire PCT
Contact Name	
Contact Address	
Contact Number	
E-mail	
Organisation type	Non-profit making 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 checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
In which Parish does your project take place?	Hullavington
What is your project?	Art therapy group to help people to recover from post-natal depression
Where will your project take place?	Buckley Barracks, Hullavington
When will your project take place?	Approx. Feb/March 2007
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"/> Don't know <input type="checkbox"/> .. No <input type="checkbox"/>
Are you applying for Capital or Revenue Funding?	.. Capital (over £500) <input type="checkbox"/> X Revenue <input checked="" type="checkbox"/>
If you are applying for Revenue funding, please confirm that your project will be completed by 31 <sup>st</sup> March 2007	X Yes <input checked="" type="checkbox"/> .. No <input type="checkbox"/>
<b>What is the Community benefit of your project, and approximately how many people will benefit?</b> The group gives people with postnatal depression the opportunity to look at their mental health issues and problems in their lives and to gain support from others in the group. Participants will be given the time to look at their situation, how to change it and how to manage difficult issues in their life. They will be encouraged to increase their awareness of their feelings and how to deal with them. The people will be invited from Buckley Barracks and the surrounding villages where social isolation can be exacerbated from postnatal depression	
<b>NWDC will not meet future running costs for projects. Please tell us how these will be met in future.</b>  A request will be made to the PCT	
Has your organisation received a previous award from this Council?	p Yes (If yes, please provide details below) .. No <input type="checkbox"/>
Date & Amount of previous award	03/02/05                      £ 500
Details of award	Small grants awards for the practice of postnatal depression workshop in Malmesbury Town

### 3 - Additional information to support and strengthen your application e.g. consultation & community involvement

Accommodation for the project will be provided by Buckley Barracks through liaison with the families/welfare officer. Participants from surrounding villages will be welcomed on to the camp. The group will run for approx. 6 weeks. Relaxation and stress management will form a part of each session. Other issues that will be addressed are signs and symptoms and causes of postnatal depression, anxiety, anger management, being assertive and how to communicate well and how to manage feelings

### 4 – Financial information

PROJECT COSTS Please provide a <u>full</u> break down e.g. equipment, installation etc.		PROJECT INCOME Please list sources of funding for this project, as provisional (P) or confirmed (C)	
			P/C
Equipment.	£ 150		£
Group Facilitation (Inc travel)	£ 300		£
Marketing of group	£ 50		£
	£		£
	£		£
	£		£
	£		£
<b>Total Project Expenditure</b>	<b>£ 500</b>	<b>Total Project Income</b>	<b>£</b>
<b>Total Project Income</b>	<b>£</b>		
<b>Total Project Expenditure</b>	<b>£ 500</b>		
<b>Project Shortfall</b>	<b>£ 500</b>		
<b>Award sought from NWDC</b>	<b>£ 500</b>		
<b>Is your organisation able to claim VAT?</b>	<input type="checkbox"/> 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
- I confirm if an award is received that I will complete and return an evaluation sheet
- I confirm that the necessary any planning permission was granted \_\_/\_\_/\_\_
- I confirm that 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
- I confirm 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 7-12-06

Position in organisation :

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