

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	Little Somerford Village Hall		
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 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?	Little Somerford		
What is your project?	Creation of a safer main hall surface to existing wooden floor – involves sanding and sealing		
Where will your project take place?	Little Somerford Village Hall		
When will your project take place?	As soon as practicable (within 3 months)		
Does your project demonstrate a direct link to the Community Plan for the area?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
If YES, please provide a reference/page no.			
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?			
Provision of a safer floor surface for persons using this community hall Potentially it could benefit the entire population of Little Somerford (400) Present usage by local groups would indicate a number of persons exceeding 200			
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future			
Caretaker/Cleaner will carry out necessary cleaning and maintenance			
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

The hall is used continuously by local groups and organisations.

By the end of 2007 it will have been hired on 290 occasions during the year – an average well over 5 per week.

Effective LPG fuelled central heating providing warm air circulation ensures that there is no need for the system to operate continuously – thus helping with energy conservation.

4 - Financial Information
PROJECT COSTS

Please provide a full breakdown e.g equipment, installation etc.

PROJECT INCOME

Please list all sources of funding for this project, as provisional (P) or confirmed (C)

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)	
		P/C	
Sanding & cleaning floor	£100		£
Application of 2 coats of seal	£100		£
Cost of materials	£250		£
	£		£
	£		£
	£		£
	£		£
TOTAL PROJECT EXPENDITURE	£450	TOTAL PROJECT INCOME	£

Total Project Income

£

Total Project Expenditure

£450

Project Shortfall

£

Award sought from NWDC

£450

Is your organisation able to claim VAT?

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
 Planning permission applied for or granted N/A
- 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: 20-11-07

Position in organisation:



Please return your completed application to: Community Partnership Officer, Community &

