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	Brinkworth Parish Council				
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 4 5			
In which Parish does your project take place?		Brinkworth			
What is your project?		Provision of a disabled toilet facility for visitors to Brinkworth			
Where will your project take place?		Brinkworth			
When will your project take place?		By December 2008			
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.		YES □ NO ☑			
Please confirm that your project by 31 st March 2009	will 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) Presently there are no Public Toilet Facilities in Brinkworth, residents and visitors attending functions within the centre of the village would benefit, including disabled people. Functions and locations which would benefit; 1) Multi user games users 2) Parents collecting their children from Brinkworth Earl Danby Upper School 3) families and visitors visiting Parish Cemetery and Church.					
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future Brinkworth Parish Council, Brinkworth Heritage Society who fundraise for for good causes within Brinkworth					
Has your organisation received a previous award from this Council?					
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 (IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE						
OF SPACES)						
Majority of the work involved will be done by willing volunteers and will be part funded from village resources. Toilet can be installed in a redundant existing building to minimise costs> This building will become derelict if						
not used. Mains electricity and water supplies ar	e close by	Running costs will be funded by t	he Parish			
Council/Brinkworth Heritage Society.	o 0.000 by.	rtaning doold win bo fanded by t	no i anon			
4 - Financial Information						
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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)				
		, , , , , , , , , , , , , , , , , , , ,	P/C			
Stabilise structure of building	£1,500	Brinkworth Parish Council		£2,500		
Install electricity and water	£500	Brinkworth Heritage Society		£1000		
Construct internal walls & floor	£1,000			£		
Install foul water storage tank	£			£		
& drainage system	£2,500			£		
Install toilet suite suitable	£			£		
for disabled use	£500			£		
TOTAL PROJECT EXPENDITURE	£6000	TOTAL PROJECT INCOME		£ 3,500		
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Total Project Income		£3,500				
Total Project Expenditure		£6,000				
Project Shortfall		£2,500				
Award sought from NWDC		£ 2,500				
Is your organisation able to claim V	AT?	YES ☐ NO ⊠				
THE FOLLOWING INFORMATION	MUST BE F	PROVIDED, FAILURE TO DO SO	WILL RES	SULT IN THE		
Α	PPLICATION	ON BEING REJECTED				
☐ Please tick this box to indicate			mary of exa	ımined		
accounts, confirming your year end	accounts,	assets and reserves.				
SECTION 5 – Declaration (on behalf of organisation or group) – I confirm that						
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 co	mmenceme	ent 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: Position in organisation:			Date: 26/05	/2008		
rosition in organisation:						
Please return your completed application to: Community Partnerships Team, Community						
Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail						
community@northwilts.gov.uk						