## **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	Malmesbury River Valleys Trust					
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?		Malmesbury Town				
What is your project?		1000 x Information leaflets A5 about the MRVT				
Where will your project take place	?	Malmesbury and Districts				
When will your project take place?		ASAP				
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 v by 31 <sup>st</sup> 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)  See page 16 of the 2005/2015 Community Plan which provides for raising the awareness of the role of the MRVT.  The leaflet informs non members and members of the public about the educational conservation and recreational role and work of the M.R.V.T						
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future By fundraising activities such as sales of our own preserves, our own Christmas cards/notelets, ceramic pots etc at local fairs/ fetes						
Has your organisation received a previous award from this Council?	⊠ Yes (please	provide details below)				
Date of amount and previous award	May 2008	£750				
Details of award(s)	Dipping platform a	at Conygre Mead				

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)						
We hope the information leaflet will recruit new members and volunteers who will help maintain the two						
nature reserves at Conygre Mead and						
events and they will receive our regular newsletter which educates and informs them about the maintenance of the reserves. We are able to demonstrate the history and links to the Abbey Fishponds in our reserves and						
	strate the his	story and links to the Abbey Fishpond	is in oui	reserves and		
recent history of the railway.						
4 - Financial Information						
PROJECT COSTS		PROJECT INCOME	DPO IECT INCOME			
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			
Including VAT	£260	The project produces no direct		£		
3		income but will hopefully increase				
		subscriptions and donations				
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
	£			£		
TOTAL PROJECT EXPENDITURE	£260	TOTAL PROJECT INCOME		£		
Total Project Income £-						
Total Project Expenditure		£260				
Project Shortfall		£260				
Award sought from NWDC		£260				
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						
$\boxtimes$ the information on this form is co						
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. $\ \square$ Child Protection $\ \square$ Public Liability Insurance						
Equal Opportunities   Access Audit						
☐ Planning permission applied for (date) 24/06/08 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.						
I give permission for press and t	iicuia cuve	lage by NWDO III lelation to this pr	oject.			
Name:		Date	23/07/	2008		
Position in organisation:						
Please return your completed application to: Community Partnerships Team, Community						
Please return your completed application to: Community Partnerships Team, Community  Partnership, Monkton Park, Chippenham, Wiltshire, SN15 1ER or e-mail						

community@northwilts.gov.uk