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	Sherston Young Cra	aft Group			
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?		Sherston			
What is your project?		Purchase a new sewing machine and craft equipment			
		•			
Where will your project take place?		Sherston			
When will your project take place?		2009			
Does your project demonstrate a direct link to the		YES 🖂			
Community Plan for the area? If YES, please provide a reference/page no.		NO 🗆			
Please confirm that your project		YES⊠			
by 31 st March 2009	•	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) Sherston Young Craft Group has been running for 10 years and is there to encourage young people to make a craft items using various methods including sewing, crochet, papier mache, textiles, copper pressing, bead work etc It is open to young people to join from the age of 9 upwards from Sherston and the surrounding villages. It is run as a non-profit making organisation and as such the weekly fee is kept at a minimum (£2.50pw) to cover hall rental costs, wages and materials, along with Insurance and affiliation to Youth Action Wilts. As such there is very little extra income to finance extra ordinary costs and without the donation from Sherston Boule the weekly fee would have to increase. We are currently in need of a new sewing machine and craft equipment and would hope we may qualify for a Community Award to help us with this.					
NWDC will not meet future running costs for projects. Please tell us how these will be met in the future From club funds Has your organisation received a Yes (please provide details below) No					
previous award from this Council?					
Date of amount and previous award		£			
Details of award(s)					

involvement, energy efficiency mea		iginen your application e.g col	isuitation, t	community		
(IMPORTANT: PLEASE DO NOT TYPE IN PAF		THIS SECTION IS LIMITED TO 1500 CH	IARACTERS O	NLY (INCLUSIVE		
OF SPACES)						
4 - Financial Information						
	DDO IFOT INCOME					
PROJECT COSTS Please provide a full breakdown e.g		PROJECT INCOME Please list all sources of funding for this project, as				
equipment, installation etc.		provisional (P) or confirmed (C)				
equipment, instantation etc.			P/C			
Sewing Machine	£149			£		
Craft Equipment	£144			£		
Oran Equipment	£			£		
	£			£		
	£			£		
	£		_	£		
	£		_	£		
TOTAL PROJECT EXPENDITURE	£293	TOTAL PROJECT INCOME		£		
TOTAL PROJECT EXPENDITURE	1293	TOTAL PROJECT INCOME		£		
Total Project Income		£0				
Total Project Income		£293				
Total Project Expenditure Project Shortfall		£293				
Award sought from NWDC		£293				
	ΔΤ2	YES □ NO ⊠				
Is your organisation able to claim VAT? YES NO NO THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE						
		PROVIDED, FAILURE TO DO SO ON BEING REJECTED	J WILL RES	SULT IN THE		
Please tick this box to indicate			mary of exa	mined		
accounts, confirming your year end	accounts,	assets and reserves.				
SECTION 5 – Declaration (on behalf	of organisa	ation or group) – I confirm that				
$oxed{\boxtimes}$ the information on this form is co						
specified that I will complete a m			mpletion of	the project.		
☑ If an award is received that I will☑ That any other form of licence or			ed prior to	euhmission of		
this application	αρρισναι ι	or this project has been receiv	ed prior to s	Subinission of		
☐ That the necessary policies and	procedures	will be in place prior to the co	mmenceme	ent of the		
project outlined in this application			lity Insurand	ce		
		ortunities	_			
☐ Planr ☑ That acknowledgement will be gi		sion applied for (date) 24/06/0				
☐ I give permission for press and				eriai.		
	noula coro					
Name:			Date: 28/11/	/2008		
Position in organisation:						
Please return your compl	eted applic	ation to: Community Partnersh	nips 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						