



Community Area Grant 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	Landford First Responders		
Contact Name			
Contact Address			
Contact number		e-mail	
Organisation Type	Non profit organisation <input checked="" type="checkbox"/> Parish/Town Council <input type="checkbox"/> Other <input type="checkbox"/>		

2 – Your Project

In which Community Area does your project take place? (Please give name – see pp 2-4 of funding pack)	Landford
In which Parish does your project take place?	Landford
What is your project?	First responders.
Where will your project take place?	Landford
When will your project take place?	
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"/> NO <input type="checkbox"/>
Please confirm your project will have commenced by 31 st March 2010	YES <input type="checkbox"/> NO <input type="checkbox"/>

What community benefits will your project provide and, who are the beneficiaries (e.g. numbers of people, age, gender, particular groups)

IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)

All residence of Landford will benefit. It will enable immediate first aid treatment to be administered before professional help is provided i.e. Ambulance arrives.

Wiltshire Council will be unable to meet the ongoing costs of your project. Please describe, therefore, how you will ensure the financial sustainability of your project beyond the period of this grant (if successful)?

Fund raising and local business support.

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures

Please tell us more about the organisations and groups that are involved in your project, who will benefit from the award and how will you know that it is making a difference.

IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES)

At present we have eight volunteers who still are awaiting CRB checks and training. The monies will enable us to provide the medical kite and defibrillator vital to the group.

4 – Relationship between your project and Wiltshire Council priorities. Which of the following statements apply to the project/service you hope to provide? Please tick as many as you think apply.

The project will:	
Engage with local people to find out their priorities and work with them to deliver solutions	<input type="checkbox"/>
Increase number of local people involved in regular volunteering	<input type="checkbox"/>
Increase the number of affordable homes	<input type="checkbox"/>
Improve access to services for people with dementia	<input type="checkbox"/>
Improve access to primary care services for people with learning disabilities	<input type="checkbox"/>
Encourage people to make lifestyle changes that will have a positive impact on the health of both themselves and their family	<input type="checkbox"/>
Improve adult participation in sport	<input type="checkbox"/>
Improve young people's participation in positive activities	<input type="checkbox"/>
Improve business productivity through innovation e.g. provide business with specific information, knowledge events and other support	<input type="checkbox"/>
Increase the number of people who feel safe in their community	<input type="checkbox"/>
Improve local area through intergenerational activities such as street clean ups and community events	<input type="checkbox"/>
Reduce perceptions of antisocial behaviour	<input type="checkbox"/>
Reduce deaths through accidents	<input checked="" type="checkbox"/>
Increase uptake of energy efficiency and renewable energy measures	<input type="checkbox"/>
Increase levels of recycling and re-using household waste especially amongst those people who currently do not recycle	<input type="checkbox"/>
Increase awareness of climate change adaptation, leading to action taken by individuals, communities and businesses	<input type="checkbox"/>
Reduce carbon emissions from transport through development, sustainable transport, traffic management and new technology	<input type="checkbox"/>
Improve local biodiversity	<input type="checkbox"/>

THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED

5 – Information relating to your last annual accounts (if applicable)

Year Ending:	Month:	Year:
Total Income:	£	
Minus Total Expenditure:	£	
Surplus/Deficit for year:	£	
Reserves held:	£	

6 - Financial Information

PROJECT COSTS A Please provide a <u>full</u> breakdown e.g equipment, installation etc.		PROJECT INCOME B Please list all sources of funding for this project, as provisional (P) or confirmed (C)		
			P/C	
Defibrillator	£1,000	Volunteer time per year	C	£18,250
First Aid Bag with essential medical equipment	£500	Parish Council fund raising local business donations		£
Volunteer time per year	£18,250			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
	£			£
TOTAL PROJECT EXPENDITURE	£	TOTAL PROJECT INCOME		£
Total Project Income B		£		
Total Project Expenditure A		£		
Project Shortfall A - B		£		
Award sought from Wiltshire Council Area Board		£1,500		
Is your organisation able to claim VAT?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

7 – Management

How many people are involved in the management of your group/organisation?

People Over 50 years	Male	Female
People Under 25 years	Male	Female
Disabled People	Male	Female
Black & Minority Ethnic people	Male	Female

8 – Supporting Information – Please enclose the following documentation

Enclosed (please tick)

- ☐ Latest inspected/audited accounts or Annual Report
- ☐ Income & expenditure budget for current financial year
- ☐ Project budget (if applicable)
- ☐ Terms of Reference/Constitution/Group Rules

For new groups, only the group's terms of reference and a projected income and expenditure budget covering a period of 12 months is required.

9 – Equal Opportunities – To assist us with our equalities monitoring please indicate whether your application is specifically targeted at people within one or more of the six equality strands. You may tick yes for more than one category e.g. if your project is for ethnic minority senior citizens.

Please note that by answering NO to any of the following questions WILL NOT PREJUDICE your application.

a) Is your project targeted towards, or of particular relevance to, people of a specific age?

☐ Yes ☒ No If 'Yes' please tick... ☐ Under 25's ☐ Over 50's

b) Is your project targeted towards, or of particular relevance to, people with disabilities (physical or mental/emotional)?

☐ Yes ☒ No

c) Is your project targeted towards, or of particular relevance to, people of a specific gender?

☐ Yes ☒ No If 'Yes' please tick.... ☐ Male ☐ Female

d) Is your project targeted towards, or of particular relevance to, people of a specific sexuality?

☐ Yes ☒ No If 'Yes' please tick.... ☐ Gay ☐ Lesbian ☐ Bisexual

e) Is your project targeted towards, or of particular relevance to, people from a specific ethnic background?

☐ Yes ☒ No If 'Yes', indicate the ethnic background of the people who will benefit from your project.

White ☐ British ☐ Irish ☐ Other **Mixed** ☐ Mixed ethnic background

Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian

Black or Black British ☐ Caribbean ☐ African ☐ Other Black

Chinese or other ethnic group ☐ Chinese ☐ Other ethnic group

f) Is your project targeted towards, or of particular relevance to, people from a specific religion or faith?

(e.g. a Muslim women's sports club, which encourages active participation, rather than promoting religious beliefs)

☐ Yes ☒ No If 'Yes' please specify

10 – Declaration (on behalf of organisation or group) – I confirm that.....

☐ Accounts and quotes where appropriate are enclosed.

☐ A copy of our constitution or terms of reference are enclosed.

☒ 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, 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 ☐ Environmental Impact

☐ Planning permission applied for (date) or granted (date)

☒ That acknowledgement will be given of Wiltshire Council support in any publicity or printed material.

☒ I give permission for press and media coverage by Wiltshire Council in relation to this project.

Name:

Position in organisation:

Date: 08/10/2009

Please return your completed application to the appropriate Area Board Locality Team (see pages 9-10)