

Community Area Grant Application Form 2010/2011

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

We strongly advise that you contact your Community Area Manager before completing your application.

| 1 - Your organisat | 1 - Your organisation or group | | | | | |
|---|--------------------------------|--|--|--|--|--|
| Name of Shalbourne CE | | Primary SChool | | | | |
| organisation | | | | | | |
| Contact name | | | | | | |
| Contact address | | | | | | |
| Contact number | | e-mail | | | | |
| Organisation type | Not for profit or | rganisation 🛛 Parish/town council 🗌 | | | | |
| | Other, please specify | | | | | |
| 2 – Your project | | | | | | |
| In which community area does your project take place? (Please give name – see section 3 of the grants pack) | | Shalbourne Village, Pewsey Area Board | | | | |
| Does your town/paris | h council | | | | | |
| know about your proj | ect? | Yes ⊠ No □ | | | | |
| What is your project? Important: This section is limited to 300 characters only (inclusive of spaces). | | Shalbourne Village Community Project for Young parents- to provide and facilitate opportunities for social interaction, support and training for vulnerable, low income parents wwith young babies. Partners in the project it is hoped will be Shalbourne School, Children's Centre and Parish Council. | | | | |
| Where will your project take place? | | Shalbourne School site (mobile classroom) | | | | |
| When will your project take place? | | One day a week starting as soon as possible | | | | |
| How many people will benefit from your project? | | Initially 6 young parents | | | | |
| How does your project demonstrate a direct link to the community plan for your area? | | N/A | | | | |
| Please provide a reference/page no. | | | | | | |

| , , , | What is the link between your project and other local priorities? e.g. Priorities set by your area board and | | | | | |
|--|---|---|--|--|--|--|
| parish plans. | .a | | | | | |
| Trying to develop community concessor | Trying to develop community cohesion. | | | | | |
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| | | | | | | |
| | need for your project and how will your project benefit your local | | | | | |
| community? | aragraphs – This section is limited to 1200 characters only (inclusive of | | | | | |
| spaces) | | | | | | |
| We became aware of the lack of fac | cilities for new parents from vulnerable, low income families in the | | | | | |
| village. The poor public transport n access other such groups locally. | network makes it very difficult for Shalbourne residents without cars to | | | | | |
| Parents told Shalbourne Schoolof t | their isolationand lack of opportunity whilst attending a Harvest Activity | y | | | | |
| Morning at the village school. | thildren to Control of to highlighting of familiagin pood in the village | | | | | |
| Contact between the School and Gr | hildren's Centreled to highlighting of familiesin need in the village. | | | | | |
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| Any other information about your p | | | | | | |
| | nt the Children's centre, School and parish council are in the position to act with this 'hard to reach' group.Partners in the project can bring training | | | | | |
| opportunities for the group such as pa | arenting classes, healthy and safety at home, road safety awareness etc . A | | | | | |
| | nd families and sign posting them to other services can be developed in a | | | | | |
| familiar, welcoming, unthreatening and | id friendly environment | | | | | |
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| 3 - Management | | | | | | |
| How many people are involved in the | he management of your group/organisation? 3 | | | | | |
| Of these, how many are: | 3 7 3 1 3 | | | | | |
| Over 50 veers | Male Female 1 | | | | | |
| Over 50 years | Male Female 1 | | | | | |
| 25 – 50 years | Male Female 2 | | | | | |
| | | | | | | |
| Under 25 years | Male Female | | | | | |
| Disabled People | Male Female | | | | | |
| · | | | | | | |
| Black and Minority Ethnic people | Male Female | | | | | |
| | | | | | | |
| | | | | | | |
| If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to | | | | | | |
| fund it? Self fund raising and joining up with partners in the project to 'piggy back' their fund raising events eg Viallage may | | | | | | |
| Day Fayre, School Fete. | | | | | | |
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| If you were not awarded the full amount requested, what would be the impact on your project? | | | | | | |
|--|--------------------|------|---------------------|--|--|--|
| It would be difficult to start the group without the necessary facilities. | | | | | | |
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| | | | | | | |
| | | | | | | |
| How will you know whether your project | t has made a diffe | renc | e in the community? | | | |
| We will talk to attendees and assess impa We will see numbers attending group grow | | | | | | |
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| | | | | | | |
| Have you contacted Charities | | | | | | |
| Information Bureau for help with your application/ to seek funding? | Yes | No | | | | |
| | | | | | | |
| To who have you applied for funding for this project (other than Wiltshire | No-one | | | | | |
| Council)? | | | | | | |
| | | | | | | |
| Have you been successful? | Yes | No | | | | |
| Have you or do you intend to apply | Yes 🗌 | No | | | | |
| for a grant from another area board within this financial year? | | | | | | |
| If yes, please state which ones. | | | | | | |
| | | | | | | |
| Are you in receipt or anticipating | Yes | No | | | | |
| other funding from Wiltshire Council for this project? | _ | | _ | | | |
| 4 - Information relating to your last annual accounts (if applicable) | | | | | | |
| Year ending: | Month: | | Year: | | | |
| A - Total income: | Month. | | i cai. | | | |
| A - 1 otal income: | £ | | | | | |
| B - Minus total expenditure: | £ | | | | | |
| Surplus/deficit for year: (A minus B) | £ | | | | | |
| Free reserves held: | £ | | | | | |

| 5 - 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 | | | |
| Baby toys, rattles, stacking cup | £32 | Own fundraising/reserves | | £ | | |
| Baby gyms x2 | £ 90 | | | £ | | |
| Baby changing facilities | £ 40 | Parish/town council | | £ | | |
| Baby books x 8 | £ 48 | | | £ | | |
| Baby mats | £ 33 | Trusts/foundations | | £ | | |
| Baby nests | £ 25 | | | £ | | |
| Spare clothing and bibs | £ 25 | In kind | | £ | | |
| Sterilising facilities | £ 45 | | | £ | | |
| Baby walkers x 2 | £ 43 | Other | | £ | | |
| outside building blocks and truc | £55 | | | £ | | |
| bouncing cradles x 3 | £38 | | | £ | | |
| ride on strides/trikes | £ 92 | | | £ | | |
| travel cot | £ 40 | | | £ | | |
| Total Project Expenditure | £606 | Total Project Income | | £ | | |
| Total project income B | | £ 0 | | | | |
| Total project expenditure A | | £606 | | | | |
| Project shortfall A – B | | £606 | | | | |
| Award sought from Wiltshire Council | £606 | | | | | |
| Bank Details | | | | | | |
| Please give the name of the organisat account e.g. Barclays | | | | | | |
| Please give the title name of the organ bank account e.g. current | | | | | | |
| 6 – Supporting information – P | lease enclo | se the following document | ation | | | |
| Enclosed (please tick) | | | | | | |
| ☐ Written quotes including the one you are going to use | | | | | | |
| Latest inspected/audited accounts or annual report | | | | | | |
| ☐ Income and expenditure budget fo | r current finan | cial year | | | | |
| Project budget (if applicable) | | | | | | |
| Terms of reference/constitution/group rules | | | | | | |
| Evidence of ownership/lease of buildings and/or land | | | | | | |
| For new groups, only the group's term covering a period of 12 months is requ | | e and a projected income and ex | cpenditure | budget | | |

| 7 - Equalities and Inclusion – Wiltshire Council is committed to ensuring that its work through the Area Boards benefits all sections of our community and promotes equality and inclusion. To assist us in assessing how your application aims to meet our commitment to equality and inclusion, please provide a brief answer to the following: |
|---|
| a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage? |
| There is equal access to the group for all members of the village community to facilities not previously availablein Shalbourne. There is commitment to reduce disadvantage by enabling new opportunities to an identified vulnerable group. |
| b) How does your project work to promote inclusion, participation and good community relations? |
| Linking both the School, Children's Centrre, parish council builds relations within the village community. |
| c) Is your project targeted at a specific group? If yes, please tick any of the following which apply |
| ☐ Under 25's ☐ Over 50's |
| ☐ Mostly or all men/boys ☐ Mostly or all women/girls |
| ☐ Specific minority ethnic groups (please state which groups) |
| Specific faith groups (please state which groups) |
| ☑ People/families on low income |
| ☐ Other disadvantaged groups (please state which groups) |
| 8 - Declaration (on behalf of organisation or group) – I confirm that |
| ☐ I have read the funding criteria |
| ☐ 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, printed or website material. |
| ☐ I give permission for press and media coverage by Wiltshire Council in relation to this project. |
| Name: Date: 26/11/2010 |
| Position in organisation: |
| Please return your completed application to the appropriate Area Board Locality Team |