

Reference no
Log no

For office use

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 organisa	tion or group					
Name of	BOX PARISH C	OUNCIL				
organisation						
Contact name MRS MARGAR		ET CAREY				
Contact address COUNCIL OFF		CES, THE PARADE, BOX, CORSHAM, WILTS SN13 8NX				
Contact number		e-mail mailbox@boxparish.org.	uk			
Organisation type	Not for profit or	ganisation 🗌 Parish/town council 🛛				
	Other, please s	pecify				
2 – Your project						
In which community area does your project take place? (Please give name – see section 3 of the grants pack)		CORSHAM AREA				
Does your town/paris know about your pro		Yes ⊠ No □				
What is your project? Important: This section is limited to 300 characters only (inclusive of spaces).		INSTALLATION OF CEILING MOUNTED PROJECT SCREEN	CTOR AND ELECTRIC			
Where will your project take place?		BOX SPORTS, YOUTH AND COMMUNITY PAVILION, BOX				
When will your project take place?		JAN/FEB 2011				
How many people wi your project?	II benefit from	ALL USERS OF THE PAVILION				
How does your project demonstrate a direct link to the community plan for your area? Please provide a reference/page no.		PROVIDE FACILITIES AND ACTIVITIES FOR PEOPLE IN THE CORSHAM AREA				

What is the link between your proje parish plans.	ect and other local priorities? e.g. Priorities set by your area board and	
ENHANCE COMMUNITY FACILITIES	S	
How did you discover there was a r community?	need for your project and how will your project benefit your local	
Important: Please do not type in pa	aragraphs – This section is limited to 1200 characters only (inclusive	of
spaces) REQUEST FROM THE GREEN ROO	OM YOUTH CLUB FOR THIS FACILITY AND ENQUIRIES FROM USER (OF
	HER ENHANCE THE USE OF THE PAVILION AND OPEN IT TO A WIDE	R
USER GROUP		
Any other information about your p	project.	
, and only minimum about your p	p. 0,000	
2 Managament		
3 - Management		
	the management of your group/organisation? 14	
Of these, how many are:		
Over 50 years	Male 5 Female 3	
25 – 50 years	Male 3 Female 3	
Under 25 years	Male Female	
Disabled People	Male Female	
Black and Minority Ethnic people	Male Female	
		,
fund it?	nue after the Wiltshire Council funding runs out, how will you continu	e to
THIS IS A ONE-OFF FUNDING AND	THE EQUIPMENT WILL BE MAINTAINED BY THE PARISH COUNCIL	

If you were not awarded the full amount requested, what would be the impact on your project?				
DELAYED UNTIL OTHER FUNDING STREAMS IN PLACE				
How will you know whether your project	t has made a differ	ence	e in the community?	
FEEDBACK FROM USER GROUPS	t nas made a dinei	CIIC	e in the community:	
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 Council)?	NO-ONE			
Have you been successful?	Yes	No		
Have you or do you intend to apply for a grant from another area board within this financial year?	Yes	No		
If yes, please state which ones.				
Are you in receipt or anticipating other funding from Wiltshire Council for this project?	Yes	No		
4 - Information relating to your la	st annual accou	unts	(if applicable)	
Year ending: 2010	Month:		Year:	
A - Total income:	£380748	J		
B - Minus total expenditure:	£299853			
Surplus/deficit for year: (A minus B)	£80895			
Free reserves held:	£ 76750			

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			
ELECTRIC SCREEN	£ 249	Own fundraising/reserves		£		
EPSON PROJECTOR	£525			£		
SPEAKERS AND AMPLIFIERS	£130	Parish/town council		£ 674		
5DELIVERY	£ 20			£		
INSTALLATION	£ 425	Trusts/foundations		£		
	£			£		
	£	In kind		£		
	£	Othor		£		
	£	Other		£		
	£			£		
	£			£		
	£			£		
Total Project Expenditure	£1,349	Total Project Income		£675		
Total Froject Experientale	1 € 1,0 ± 0	Total Froject income		2073		
Total project income B		£675				
Total project expenditure A		£1,349				
Project shortfall A – B		£674				
Award sought from Wiltshire Council Ar	£674					
Bank Details						
Please give the name of the organisatio account e.g. Barclays						
Please give the title name of the organis bank account e.g. current						
6 - Supporting information - Ple	ase 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 for current financial year						
Project budget (if applicable)						
Terms of reference/constitution/grou	p rules					
Evidence of ownership/lease of build	ings and/or la	and				
For new groups, only the group's terms covering a period of 12 months is require		e and a projected income and ex	penditure	e 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? 				
THE BUILDING HAS BEEN DESIGNED TO BE ACCESSIBLE TO ALL DISABLED PEOPLE				
b) How does your project work to promote inclusion, participation and good community relations?				
THE BUILDING IS AVAILABLE FOR USE BY ANYONE AND IS ADVERTISED AS A COMMUNITY ASSET				
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)				
\boxtimes 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: MRS MARGARET CAREY Date: 09/12/2010				
Position in organisation: PARISH COUNCIL CLERK				
Please return your completed application to the appropriate Area Board Locality Team				