

Area Board Projects and Councillor Led Initiatives Application Form 2019/2020

To be completed by the Wiltshire Councillor leading on the project

Please ensure that you have read the Funding Criteria before completing this form

PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED

1. Contact Details

| | | | |
|------------------------|------------------------|---------------|------------------------------|
| Area Board Name | Melksham | | |
| Your Name | Councillor Jon Hubbard | | |
| Contact number | 07876 611388 | e-mail | Jon.hubbard@wiltshire.gov.uk |

2. The project

| | | | |
|---|--|--|--|
| Project Title/Name | Contact the Elderly – Boat Trip | | |
| Please tell us about the project /activity you want to organise/deliver and why? | <p>Contact the Elderly is a charity for older people who are socially excluded as they are unable to leave the house without help. This means they spend lots of time alone and isolated.</p> <p>There is a monthly Tea Party organised by Martin Elson where a group of volunteers pick up a group of elderly people and take them to a volunteer's home who has organised an afternoon tea for them. It is a time for socialisation, chat and company.</p> <p>I would like to organise a Boat Trip for the elderly people and volunteers on the canal to show appreciation for the good work the group of volunteers are doing and a chance for the older people to experience something different which they would not be able to do on a day to day basis.</p> | | |
| <i>Important: This section is limited to 900 characters only (inclusive of spaces).</i> | | | |
| Where is this project taking place? | Canal Boat from Devizes Wharf | | |
| When will the project take place? | 18/08/2019 | | |
| What evidence is there that this project/activity needs to take place/be funded by the area board? | It will give a fantastic opportunity for the older person to experience a canal boat trip which they would perhaps not be able to afford otherwise and at a local level the charity does not have any funds to deliver this. | | |

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|--|---|---------------------------|------------------------|
| How will the local community benefit? | As above | | |
| Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description) | This links into the Melksham being an age friendly town initiative. | | |
| Does this project link to the Community Plan or local priorities? (if so, please provide details) | This links into the Melksham being an age friendly town initiative. | | |
| Is this project supported by the Local Youth Network or Community Area Transport Group? (if it relates to young people or highways and transport) | No | | |
| What is the desired outcome/s of this project? To enable the older person to experience something they would not normally be able to access | | | |
| Who will be responsible for managing this project? Martin Elson – Organiser of local contact the elderly tea parties | | | |
| 3. Funding | | | |
| What will be the total cost of the project? | £ 300 | | |
| How much funding are you applying for? Please note that only capital funding is available | £300 | | |
| If you are expecting to receive any other funding for your project, please give details | Source of Funding | Amount Applied For | Amount Received |
| | | 0 | |
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| Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account) | Payment to be made via Melksham Town Council | | |
| 4. Declaration – I confirm that... | | | |
| <input checked="" type="checkbox"/> The information on this form is correct and that any grant received will be spent on the activities specified <input checked="" type="checkbox"/> Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application | | | |
| Name: Jon Hubbard | | Date: 23/05/19 | |
| Position in organisation: Wiltshire Councillor | | | |
| Please return your completed application to the appropriate Area Board Locality Team (see section 3) | | | |

