



Community Area Grant Application Form 2011/2012

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

For larger projects we strongly advise you to contact Charities Information Bureau three months before you approach the area board. (See Section 2 for contact details)

Please contact your Community Area Manager before completing your application (See Section 3 for contact details)

1. Your organisation or group

Name of organisation			
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify		

2. Your project

Project Title/Name			
What is your project about and what does it aim to achieve? <i>Important: This section is limited to 600 characters only (inclusive of spaces).</i>			
In which community area does your project take place? (Please give name – see section 3 of the grants pack)			
I/we have discussed our project with the town/parish council?	Yes <input type="checkbox"/>	Date	No <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No <input type="checkbox"/>

Where will your project take place?	
When will your project take place?	
<p>How did you discover there was a need for your project (<i>please provide evidence</i>) and how will your project benefit your local community?</p> <p><i>Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)</i></p>	
How many people will benefit from your project?	
<p>How does your project demonstrate a direct link to the local community plan for your area?</p> <p>www.wiltshire.gov.uk/areboards</p> <p>Please provide a reference/page no.</p>	
To be completed ONLY where town/parish councils are making an application	
Is your project one which parish/town councils have powers to raise local taxes to fund?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your project urgent (having to be completed in this financial year? <i>If you answer YES please provide evidence elsewhere on the application form</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other information about your project.	

3. Management

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

Of these, how many are:

Over 50 years	Male	<input type="text"/>	Female	<input type="text"/>
25 – 50 years	Male	<input type="text"/>	Female	<input type="text"/>
Under 25 years	Male	<input type="text"/>	Female	<input type="text"/>
Disabled People	Male	<input type="text"/>	Female	<input type="text"/>
Black and Minority Ethnic people	Male	<input type="text"/>	Female	<input type="text"/>

If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue to fund it?

How will you know whether your project has made a difference in the community? What evidence will be collected to enable you to know that the project has made a positive impact on your community and met the local need?

Have you contacted Charities Information Bureau for help with your application/ to seek other funding?

Yes

Date

No

To whom have you applied for funding for this project (*other than Wiltshire Council*)?

Please list with amount applied for and whether you have been successful

Name of Funder

Amount Applied For

Amount Received

Have you or do you intend to apply for a grant from another area board within this financial year?

If yes, please state which one(s).

Yes

No

Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project?

Yes

No

4. Information relating to your last annual accounts (if applicable)		
Year ending:	Month:	Year:
A - Total income:	£	
B - Minus total expenditure:	£	
Surplus/deficit for year: (A minus B)	£	
Free reserves currently held:	£	

5. Financial information – If you can claim back V.A.T. please exclude from figures given below

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	£
	£	Own fundraising/reserves		£
	£			£
	£	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£	Other		£
	£			£
	£			£
	£			£
	£			£
Total Project Expenditure	£	Total Project Income		£

Total project income B	£
Total project expenditure A	£
Project shortfall A – B	£
Grant sought from Wiltshire Council Area Board	£
Bank Details	
Please give the name of the organisations' bank account e.g. Barclays	
Please give the title name of the organisations' bank account e.g. current	

6. Supporting information – Please enclose all the following documentation as failure to do so may lead to a delay in your application being considered

Enclosed (please tick)

- Written quotes including the one(s) you are going to use
- Latest inspected/audited accounts or annual report or Income/expenditure budget for current financial year
- Terms of reference/constitution/group rules
- Evidence of ownership/lease of buildings and/or land

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.

7. 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 Safeguarding Adults
 - 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:

Position in organisation:

Please return your completed application to the appropriate Area Board Locality Team (see section 3)