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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 organisation or group					
		derers Youth Football Club			
organisation					
Contact name					
Contact address					
Contact number		e-mail			
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)		Studley Green, Trowbridge			
Does your town/parish council know about your project?		Yes 🛛 No 🗌			
What is your project? Important: This section is limited to 300 characters only (inclusive of spaces).		The necessary refurbishment of shower facilities at the playing fields. The electric shower system is now not available due to age and wear and tear.			
Where will your project take place?		Lambrok Road Playing Field Changing Rooms.			
When will your project take place?		April 2011			
How many people will benefit from your project?		3500			
How does your project demonstrate a direct link to the community plan for your area?		Improving leisure facilities within the town			
Please provide a reference/page no.		Ref 3. Page 8			

What is the link between your project and other local priorities? e.g. Priorities set by your area board and									
parish plans. The provision of showers will allow Trowbridge Wanderers to play more games on site , enter more leagues as home ground will be FA site criteria, as well as increase training capabilities on the site thus attracting more younger									
players.									
How did you discover there was a n	leed for your proje	ect and how will your project be	nefit your local						
community? Important: Please do not type in pai spaces)	ragraphs – This se	ection is limited to 1200 charac	ers only (inclusive of						
The problem with the showers has I									
sporadic however, now the system is totally inoperable. The current system is very dated and enfringes on health & safety legislation in their current state. Until the showers are replaced the club no longer meet FA site criteria and are compromising Trowbridge Wanderers ability to continue to play at league level. The									
project will benefit the community by extending the site usage, offering an FA approved standard facility, encourage more young players to the team and set a benchmark facility upon comparison to other facilities									
in the town.									
Any other information about your project.									
We strongly believe that this improvement on-site will benefit the community, alongside this project we are planning a program to attract more players of a younger age group. Trowbridge Wanderers currently have 180 under sixteen									
players from 4 years old upwards. We and we would like to attract more player	currently have 16 i	ndividual teams in this age range							
			come more cost effective						
It is proposed that a gas run system is fitted to replace the electric showers which would become more cost effective on utility bills. Electric showers can be left running therefore wasting water whereas the gas system will be fitted with									
a single push button which is timed at about 3 mins each. Over the course of a year this should provide signifcant savings.									
3 - Management									
How many people are involved in th	ne management of	your group/organisation?							
Of these, how many are:	Ū								
Over 50 years	Male 2	Female							
25 – 50 years	Male 12	Female 4							
Under 25 years	Male 2	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? There is no anticipated further funding requirement, upon replacement this facility will be monitored and maintained									
by Trowbridge Town Council									

If you were not awarded the full amount requested, what would be the impact on your project?							
The project would not be able to proceed without the funding from Area Board.							
	How will you know whether your project has made a difference in the community?						
club.	The projects success will be recorded by the use of the facility through further training and new members to the club.						
Have you contacted Charities Information Bureau for help with your	Yes 🖂 No	$\boxtimes$					
application/ to seek funding?		No 🖂					
To who have you applied for funding for this project (other than Wiltshire 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 other funding from Wiltshire Council for this project?	Yes 🗌 No	$\boxtimes$					
4 - Information relating to your last annual accounts (if applicable)							
Year ending: 20010	Month:	<b>Year:</b> 2009/2010					
A - Total income:	<b>£</b> 41,656						
B - Minus total expenditure:	<b>£</b> 40,311						
Surplus/deficit for year: (A minus B)	<b>£</b> 1,345						
Free reserves held:	£1,345						

5 - Financial informati	on			
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	
Total cost of works	<b>£</b> 11,638	Own fundraising/reserves		£
	£			£
	£	Parish/town council	С	£ £6,638
	£	Trusts/foundations		£0,030
	£			£
	£	In kind		£
	£			£
	£	Other		£
	£			£
	£			£
	£			£
Total Project Expenditure	£11,638	Total Project Income		£
	211,000			~
Total project income B		£6,500		
Total project expenditure	<b>A</b>	£11,638		
Project shortfall A – B		£5,000		
Award sought from Wiltsh	ire Council Area Board	£5,000		
Bank Details				
Please give the name of th account e.g. Barclays	e organisations' bank			
Please give the title name bank account e.g. current	of the organisations'			
	nation – Please enclo	se the following document	ation	
Enclosed (please tick)				
Written quotes includir	ng the one you are going to	use		
Latest inspected/audit	ed accounts or annual rep	ort		
Income and expenditu	re budget for current finan	cial year		
Project budget (if app				
Terms of reference/co				
	lease of buildings and/or l			
For new groups, only the g covering a period of 12 mg		e and a projected income and ex	cpenditur	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:				
<ul> <li>a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage?</li> </ul>				
Trowbridge Wanderers Football Club is responsible for setting standards and values to apply throughout the club at every level. Football belongs to and should be enjoyed by everyone, equally.				
b) How does your project work to promote inclusion, participation and good community relations?				
Equality of opportunity at Trowbridge Wanderers Football Club means that in all our activities we will not discriminate or in any way treat anyone less favourably, on grounds of sex, sexual orientation, race, nationality, ethnic origin, colour, religion or disability.				
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 I 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)				
$oxed{intermat}$ 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				