



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	Salisbury Stingrays ASC		
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 Swimming Club with elected Committee and Chairman, governed by a constitution. In addition the club has Swim 21 Accreditation to ensure adherence to certain procedures and standards. All helpers are volunteers. Only the Head Coach, who is already fully qualified, is salaried. The club is financed via fees from its membership. Stingrays is a non profit organisation.		
2. Your project			
Project Title/Name	Training of Volunteers to level 2 coaches or teachers		
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>	The project aims to train 2 existing poolside level 1 teachers/coaches to level 2 status. This will increase the number of poolside helpers who are qualified to run a teaching session independently. This in turn will allow more children to improve their swimming		
In which community area does your project take place? (Please give name – see section 3 of the grants pack)	Salisbury Wiltshire		
I/we have discussed our project with the town/parish council?	Yes <input type="checkbox"/>	Date	No x <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No x <input type="checkbox"/>

Where will your project take place?	The training will take place at the Hospital pool at Odstock Salisbury	
When will your project take place?	During the August/September 2011	
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community? <i>Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)</i>	We have a long waiting list of children wishing to enter our learn to swim section and we cannot cater for the demand. One area causing this is the lack of qualified poolside helpers. Only a level 2 coach/teacher has the insurance to run a training session independently. By learning to swim children in the community will learn a life skill as well as have the opportunity to meet other children within their peer groups. Swimming also promotes the premise of regular exercise and a healthy lifestyle.	
How many people will benefit from your project?	100 to 200 children	
How does your project demonstrate a direct link to the local community plan for your area? www.wiltshire.gov.uk/areaboards Please provide a reference/page no.	Swimming is a life and life-saving skill that all children should have. Swimming in groups of similar ability also promotes learning and peer group cohesion, which leads to a sense of belonging and achievement as children progress through the different levels. They will also have the chance to join the Squad part of the Club and/or the water polo team should they become interested in swimming competitively. A key area of the local community plan is “skills and learning” as shown on page 4.	
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 x <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input type="checkbox"/>	No x <input type="checkbox"/>
Is your project urgent (having to be completed in this financial year? If you answer YES please provide evidence elsewhere on the application form)	Yes x <input type="checkbox"/>	No <input type="checkbox"/>
Any other information about your project. We would be looking to complete the project in the August/early September 2011 period in preparation for the start of the new academic year.		

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" value="2"/>	Female	<input type="text" value="3"/>
25 – 50 years	Male	<input type="text" value="2"/>	Female	<input type="text" value="4"/>
Under 25 years	Male	<input type="text" value="2"/>	Female	<input type="text" value="1"/>
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?

Only people who can guarantee that they will teach/coach for at least one year after training is complete will be selected. In addition they usually have children who are young enough to stay with the Club for a least 5 years. In addition to this the people chosen usually have a track record of volunteering to assist with club activities.

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?

We will know by the number of children going through the different swimming levels, as well as the feedback and participation at the Schools Galas, which are gaining increasing interest in the South Wiltshire Area.

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

Yes

Date

No x

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 x

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

Yes

No x

4. Information relating to your last annual accounts (if applicable)		
Year ending:	Month: September	Year: 2010
A - Total income:	£91,601.55	
B - Minus total expenditure:	£91,835.94	
Surplus/deficit for year: (A minus B)	-£234.39	
Free reserves currently held:	£ No reserves just about covering costs	

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		£
1 x trainer course fee	£700			
0.5 trainer course fee	£300	Parish/town council		£
	£			£
	£	Trusts/foundations		£
	£			£
	£	In kind		£
	£			£
	£	Other		£
	£			£
	£			£
	£			£
Total Project Expenditure	£1000	Total Project Income		£0

Total project income B	£0
Total project expenditure A	£1000
Project shortfall A – B	£1000
Grant sought from Wiltshire Council Area Board	£1000
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 [There is a constitution that I will have to send to you – it is not available digitally](#)
- Evidence of ownership/lease of buildings and/or land [no ownership of land/buildings etc, we rent pool space](#)

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)