

Reference No
Log No
For Office Use

Community Area Grant Application Form

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

1 - Your Organisation or Group						
Name of						
Organisation						
Contact Name						
Contact Address						
			Ī			
Contact number				e-mail		
Organisation Type				_		
	Not for profit or	rganisation 🔲	Parish/To	wn Coun	cil 🔛	
	Other, please s	pecify				
2 – Your Project						
In which Community						
project take place? (F						
name – see pp ? of fu	ınding pack)					
Does your Town/Pari	sh Council					
know about your pro		Yes 🗌	No 🗌			
		_				
What is your project?	?					
IMPORTANT: This se	ction is limited					
to ? characters only (
spaces).						
Where will your proje	ect take place?					
When will your project take place?						
How many people will benefit from						
your project?						
How does your project	ct demonstrate					
a direct link to the Co for your area?						
,						
Please provide a refe						

What is the relationship between y	our project and	other local strategies? e.g.			
How did you discover there was a	need for your p	roject and how will your project benefit your local			
community?		SECTION IS LIMITED TO ? CHARACTERS ONLY (INCLUSIVE OF			
SPACES)	IRAGRAPHS – THIS	SECTION IS LIMITED TO ? CHARACTERS ONLY (INCLUSIVE OF			
Any other information about your p	project.				
3 - Management					
- management					
How many people are involved in t	he managemen	t of your group/organisation?			
Of these, how many are:	ine managemen	t of your group, organisation.			
Over 50 years	Male	Female			
-					
Under 25 years	Male	Female			
Disabled People	Male	Female			
Black & Minority Ethnic people	Male	Female			
If your project is intended to continue after the Wiltshire Council funding runs out, how will you continue after the Wiltshire Council funding runs out, how will you continue to fund it?					

If you were not awarded the full amount requested, what would be the impact on your project?				
How will you know whether your project has made a difference in the community?				
Г				
Yes 🗌	No 🗌			
Yes 🗌	No 🗌			
Yes	No 🗌			
4 - Information relating to your last annual accounts (if applicable)				
Year Ending:				
A - Total Income:				
B - Minus Total Expenditure:				
Surplus/Deficit for year: (A minus B)				
Free Reserves held:		£		
	Yes Yes Yes Yes	Yes No No No No No No Month: £ £ £		

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		
	£	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		£			
Award sought from Wiltshire Council Are	ea Board	£			
BANK DETAILS					
Please give the name of the organisations' Bank Account:					
Please give the title name of the organise Bank Account:					
6 - Supporting Information - Please enclose the following documentation					
Enclosed (please tick)					
☐ Written quotes including the one you are going to use					
Latest inspected/audited accounts or Annual Report					
☐ Income & expenditure budget for current financial year					
Project budget (if applicable)					
☐ 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 - Equalities and Inclusion – Wiltshire Council is committed to ensuthrough the Area Boards benefits all sections of our community and and inclusion. To assist us in assessing how your application aims commitment to equality and inclusion, please provide a brief answer.	d promotes equality to meet our
a) How does your project work to either (a) promote equality and access to s (b) reduce disadvantage?	services/facilities, and/or
b) How does your project work to promote inclusion, participation and good	
c) Is your project targeted at a specific group? If yes, please tick any of the f	ollowing 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 of specified, that I will complete a monitoring form (if requested) following complete.	
☐ 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 p this application.	rior to submission of
☐ That the necessary policies and procedures will be in place prior to the comme project outlined in this application. ☐ Child Protection ☐ Public Liability In	
☐ Equal Opportunities ☐ Access Audit ☐ Environ	nmental Impact
☐ Planning permission applied for (date) or gra	nted (date)
$\hfill\Box$ That acknowledgement will be given of Wiltshire Council support in any public material.	city, printed or website
☐ I give permission for press and media coverage by Wiltshire Council in relation	on to this project.
Name:	Date:
Position in organisation:	
Please return your completed application to the appropriate Area Board Locality	Team