Section 4



Reference no

Log no

For office use

Community Area Grant Application Form 2012/2013

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

To fund projects up to £1,000 without the need for matched funding
To fund up to 50% of projects costs of projects over £1,000

Maximum Grant £5,000

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 organisati	ion or group				
Name of					
organisation					
Contact name					
Contact address					
Contact number			e-mail		
Organisation type	Not for profit or	rganisation 🗌	 Parish/	town council	
.	Other, please s			<u>—</u>	
2. Your project					
Project Title/Name					
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only					
(inclusive of spaces).					
In which community a project take place? (A name – see section 3 pack)	Please give of the grants				
I/we have discussed with the town/parish		Yes 🗌	Date		No 🗌
I/we have discussed with our Wiltshire co		Yes 🗌	Date		No 🗌
		•			

Where will your project take place?			
When will your project take place?			
How did you discover there was a need for your project (please provide evidence) and how will your project benefit your local community?			
Important: Please do not type/write in paragraphs – This section is limited to 1200 characters only (inclusive of spaces)			
How many people will benefit from your project?			
How does your project demonstrate a direct link to the local community plan for your area (see www.wiltshire.gov.uk/areaboards) or priorities of your area board? Please provide a reference/page no. Any other information about your project	ot.		
To be completed ONLY where tow	vn/parish councils are making a	n application	
Is your project one which parish/town cotaxes to fund?	ouncils have powers to raise local	Yes	No 🗌
Could your project be funded from your	reserves?	Yes	No 🗌
Is your project urgent (having to be com answer YES please provide evidence els		Yes	No 🗌

3. Management					
How many people are involved in the management of your group/organisation? Of these, how many are:					
Over 50 years	Male	Female			
25 – 50 years	Male	Female			
Under 25 years	Male	Female			
Disabled People	Male	Female			
Black and Minority Ethnic people	Male	Female			
If your project will continue after the	e Wiltshire Co	ouncil funding rur	ns out, how v	will you continue	to fund it?
How will you know whether your project has made a difference in the community? What information will be collected to enable you to know that the project has made a positive impact on your community and met the local need?					
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Yes 🗌	Date conta	cted CIB		No 🗌
To whom have you applied for funding for this project (other than Wiltshire Council)?	Name of	f Funder		Amount Applied For	Amount Received
Please list with amount applied for					
and whether you have been successful					
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 la	st 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 (i.e. money not committed to other projects/operating costs)	£				
5. Financial information – If you control provide us. If you have to pay the V.					
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)			
		1		P/C	
	£	Own fund	draising/reserves	1.75	£
	£				£
	£	Parish/to	wn council		£
	£				£
	£	Trusts/fo	undations		£
	£				£
	£	In kind			£
	£				£
	£				
	£	Other			£
	£				£
	£				£
Total Project Expenditure	£	Total Pro	ject Income		£
Total project income B		£			
Total project expenditure A		£			
Project shortfall A – B		£			
Grant sought from Wiltshire Council Ar	£				
Bank Details					
Please give the name of the organisation account e.g. Barclays					
Please give the name of the organisation					

6. Supporting information – Please enclose <u>all</u> the following documentation as failure to do so may lead to a delay in your application being considered				
Enclosed (please tick)				
All 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				
☐ This application meets all 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 a grant is received, I will provide copies of <u>all</u> receipts and invoices associated with the grant and provide information and photographs to demonstrate how the grant was spent.				
☐ That any other form of licence or approval for this project has been received prior to submission of this grant 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)				