Section 9



Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2012/2013

To be completed by the Wiltshire Councillor leading on the project

Please ensure that you have read the Funding Criteria before completing this form PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED

1. Contact Details							
Area Board Name	Trowbridge Area Board						
Your Name	Peter Fuller						
Contact number			e-mail				
2. The project							
Project Title/Name	Trowbridge Area	owbridge Area Campus					
Please tell us about the project /activity you want to organise/deliver and why? Important: This section is limited to 600 characters only (inclusive of spaces).	The Shadow Campus Operation Board has to consult in order to develop a campus proposal for Trowbridge. First to explain the campus concept and gain views on what should be included in it and second on a specific proposal. Mark Stone has made it clear that for cabinet to support the consultation must be thorough and get the views of hard to reach and disadvantaged groups.						
Where is this project taking place?		Trowbridge Con	nmunity Area				
When will the project take place?		June and July 2	²⁰¹² & November 2012				
What evidence is there that this project/activity needs to take place/be funded by the area board?		The COB want t	to make sure that people across the communty area have inderstand and comment on the campus proposal				

How will the local community benefit?	The community will benefit by being able to express their views about what the campus includes so that when it is finally created it meets their needs in a way that significantly improves the life of the community as a whole especially those groups that are disadvantaged. The COB want to make sure people across the Trowbridge community area have the opportunity to understand and to provide comments on the campus proposal. To do this, the COB would like to do some specific pieces of work						
Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description)	Yes services, leisure, environment						
Does this project link to the Community Plan or local priorities? (if so, please provide details) What is the desired outcome/s of this	Yes a variety of issues						
People in the Trowbridge C A understand what a campus is They have been able to influence its design A proposal is prodiced and agreed that meets the needs of the community and makesa a significant contribution to improving the quality of life There is sufficient support for the Trowbridge Area Board and Wiltshire Cabinet to approve the proposal and turn it into reality. Who will be responsible for managing this project? Trowbridge Shadow COB							
3. Funding	3. Funding						
What will be the total cost of the project?	£ 20,000+						
How much funding are you applying for?	£ 2,220						
If you are expecting to receive any other funding for your project, please give details	Source of Funding	Amount Applied For	Amount Received				
Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account)							
4. Declaration – I confirm that							
 ☑ The information on this form is correct and that any grant received will be spent on the activities specified ☑ Any form of licence, insurance or other approval for this project will be in place before the start of the 							
project outlined in this application							

Name: Peter Fuller

Position in organisation: Councillor

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