Section 4

Reference no

## Wiltshire Council

Where everybody matters

Log no mel.12.027 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. <u>(See Section 2 for contact details)</u> Please contact your Community Area Manager before completing your application <u>(See Section 3 for contact details)</u>

1. Your organisation or group						
Name of	AFC MELKSHA	М				
organisation						
Contact name						
Contact address						
Contact number			e-mail			
Organisation type	Not for profit or Other, please s		Parish/	town council 🗌		
2. Your project						
Project Title/Name	DISABLED FOC	TBALL IN WILTS	SHIRE £3	000 REQUEST		
What is your project about and what does it aim to achieve? Important: This section is limited to 600 characters only (inclusive of spaces).	Starting a Melksham based Disabled Football Club, Assisted by the Wilts FA in encouraging, supporting, coaching and establishing DISABLED football. The Wilts FA disabled development officer and myself wish to grow the opportunity for DISABLED players under 16 to receive qualified coaching support introducing local support with opportunities to play games against Wiltshire teams It is hoped that the Paralympics will encourage participation					
In which community area does your project take place? ( <i>Please give name</i> – <u>see section 3</u>		Melksham area	,Wiltshire	e area		
I/we have discussed our project with the town/parish council?		Yes 🖂	Date	16/8/12	No 🗌	
I/we have discussed our project with our Wiltshire councillor?		Yes ⊠ No □	Date	16/8/12 AND 24/08		

Where will your project take place?	MELKSHAM					
When will your project take place?	October/Jan Feb 2013					
How did you discover there was a need for your project ( <i>please</i> <i>provide evidence</i> ) and how will your project benefit your local community? <i>Important: Please do not type/write</i> <i>in paragraphs – This section is</i>	Melksham has no disabled football team but a large amount of disabled young people (1000+)Source Nat office Statistics The Wilts FAhave stated a need for local support.Aim Establish local disabled teams and support network. Encourage disabled under 16 and adult to participate with professional support and local ammenities involving parents and networking across Wiltshire. Local WFA coaching support upgrade to Disabled coaches and funding events and administration to ensure safe environment for a section of the community to enjoy sport aided by the volunteers from there local community At least one local disabled team is					
limited to 700 characters only (inclusive of spaces)	involved and 3 Wiltshire affiliated disabled					
How many people will benefit from your project?	100 plus disabled people asa baseline					
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 Yes No taxes to fund?						
Could your project be funded from yo	Yes No 🗌					
Is your project urgent (having to be ca answer YES please provide evidence	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	2	Female			
Under 25 years	Male	8	Female			
Disabled People		1	Female			
Black and Minority Ethnic people		1	Female			
as any club isly run .Sponsorship from local firms will be sort and the support of new ammenities being built will by law be disabed friendly 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? SUSTAINABILITY OF DISABLED FOOTBALL WITH FULL NETWORK OF SUPPORTMelksham has no disabled FC but will soon have top class facilities to support a new team.						
Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?	Y	es 🗌	Date conta	acted CIB		No 🖂
To whom have you applied for		Name of Funder			Amount Applied For	Amount Received
funding for this project (other than <i>Wiltshire Council</i> )?	W	WFA HAVE WITH FA			£5000	£5000
Please <u>list</u> with amount applied for and whether you have been	A	FC			% of £350	
successful						
Have you or do you intend to apply for a grant from another area board within this financial year?	Y	es 🖂	No 🗌		1	<u> </u>
If yes, please state which one(s).	Swindon and Wiltshire Community trust					
Are you in receipt or anticipating other funding from other Wiltshire Council departments for this project		es 🗌	No 🖂			

4. Information relating to your la	ast annual	accounts	s (if applicable)				
Year ending: NA NOT FOR AFCM BUT DISABLED WFA	Month:	onth: 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 of provide us. If you have to pay the N							
Project Costs A Please provide a <u>full</u> breakdown e.g. e installation etc.	quipment,	Please lis	ncome B st all sources of fundi nal (P) or confirmed (C		s project, as		
	<b>C</b> E 000	0		P/C	<b>c</b> 2 000		
WNTSEVENTSX3	<b>£</b> 5,000	Own fund	draising/reserves		<b>£</b> 2,000		
COURSES WFA/AF	<b>£</b> 2,000				£		
/SCHOOL VISITSWFA/AFCM	£0	Parish/town council			£		
SPECIALIST EQUIPMENT	<b>£</b> 150				£		
FOOTBALLS /TRAINING EQ	<b>£</b> 200	Trusts/foundations			£		
FACILITIES HIRE	<b>£</b> 1,000	1			£		
FA COACHING	<b>£</b> 600	In kind			£		
PUBLIC LIABILTY INSURE	<b>£</b> 100				£		
KIT	<b>£</b> 400						
AFFILIATION NEW TEAM	<b>£</b> 50	Other			£		
REF FEES	<b>£</b> 300	WFA (C)			<b>£</b> 5,000		
Total Project Expenditure	<b>£</b> 9,800	Total Project Income			<b>£</b> 7,000		
Total project income B		<b>£</b> 7,000					
Total project expenditure A	£9,800						
Project shortfall A – B		£2,800					
Grant sought from Wiltshire Council A	£2,800						
Bank Details							
Please give the name of the organisati account e.g. Barclays							
Please give the name of the organisati account e.g. Chippenham Scouts							

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.					
$\boxtimes$ 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					
🛛 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: 17/08/2012					
Position in organisation:					
Please return your completed application to the appropriate Area Board Locality	Team (see section 3)				

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