



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 organisation or group

Name of organisation	Pewsey Parish Council		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input type="checkbox"/> Parish/town council <input checked="" type="checkbox"/> Other, please specify		

2. Your project

Project Title/Name	Pewsey Community Defibrillator Appeal		
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>	Pewsey Parish Council agreed to sponsor an appeal at its finance meeting on 24 October to support the placement of at least eight community defibrillators in Pewsey. Each Unit costs £1900 which includes training, servicing and insurance. The provision of these units will help support the community first responders and hopefully save lives within this rural area.		
In which community area does your project take place? <i>(Please give name – see section 3)</i>	Pewsey		
I/we have discussed our project with the town/parish council?	Yes <input checked="" type="checkbox"/>	Date 24/10/2012	No <input type="checkbox"/>
I/we have discussed our project with our Wiltshire councillor?	Yes <input type="checkbox"/>	Date	No <input checked="" type="checkbox"/>

Where will your project take place?	In the village of Pewsey
When will your project take place?	The appeal has already commenced
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 700 characters only (inclusive of spaces)</i>	Last year a fatality occurred in the Bouverie Hall, coupled with the slow response times of ambulances. A life could have possibly been saved. The provision of these units is on the increase nationally. The community will benefit because the delay in waiting for an ambulance will not be so crucial if somebody has a heart attack
How many people will benefit from your project?	the whole community
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.	Page 12 - 3.3 - access to medical services Page 14 3.10 - poor service provided by the ambulance service to this rural community area
Any other information about your project. (Limited to a 1000 characters) A PUBLIC APPEAL HAS BEEN LAUNCHED AND SEVERAL DONATIONS FROM MEMBERS OF THE PUBLIC HAVE ALREADY BEEN RECEIVED TOWARDS THE PURCHASE OF MORE UNITS. SO FAR, THREE UNITS ARE CONFIRMED WITH A FURTHER TWO HOPING TO BE FUNDED BY THE LEAGUE OF FRIENDS OF SAVERNAKE HOSPITAL. FUNDING FROM THE AREA BOARD AND PUBLIC DONATIONS WILL GO TOWARDS THE PURCHASE OF THREE FURTHER UNITS. THESE WILL BE SITED AROUND THE VILLAGE AT KEY LOCATIONS, INCLUDING THE CAMPUS NEXT YEAR	
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 checked="" type="checkbox"/> No <input type="checkbox"/>
Could your project be funded from your reserves?	Yes <input checked="" type="checkbox"/> No <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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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 Wiltshire Council funding runs out, how will you continue to fund it?

Will seek further donations if more are needed. The company that provides them will ensure that they are maintained properly

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?

The number of times they are used

Has Charities Information Bureau (CIB) helped you with this application/to seek funding for this project?

Yes

Date contacted CIB

No

To whom have you applied for funding for this project (*other than Wiltshire Council*)?

Name of Funder

Amount Applied For

Amount Received

Pewsey Parish Council

£1,900

£1,900

Please list with amount applied for and whether you have been successful

Friends of Savernake Hospital

£3,800

£3,800

Pewsey Running Club

£1,900

£1,900

Pat Beresford Bequest

£1,900

£1,900

Have you or do you intend to apply for a grant from another area board within this financial year?

Yes

No

If yes, please state which one(s).

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

Yes

No

4. Information relating to your last annual accounts (if applicable)

Year ending: March 2012	Month: March	Year: 2012
A - Total income:	£98,194	
B - Minus total expenditure:	£81,436	
Surplus/deficit for year: (A minus B)	£16,758	
Free reserves currently held (i.e. money not committed to other projects/operating costs)	£15,926	

5. Financial information – If you can claim back V.A.T. please exclude VAT from the figures you provide us. If you have to pay the V.A.T then please include V.A.T. in the figures you provide us.

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	
8 defibrillator units	£15,200	Own fundraising/reserves		£
	£			£
	£	Parish/town council	C	£1,900
	£			£
	£	Trusts/foundations	C	£1,900
	£			£
	£	In kind		£
	£			£
	£	Other	C	£1,900
	£	Friends of Savernake	P	£1,900
Total Project Expenditure	£15,200	Total Project Income		£9,500
Total project income B		£9,500		
Total project expenditure A		£15,200		
Project shortfall A – B		£5,700		
Grant sought from Wiltshire Council Area Board		£500		
Bank Details				
Please give the name of the organisations' bank account e.g. Barclays				
Please give the name of the organisations' bank account e.g. Chippenham Scouts				

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)

- 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 all 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: 28/11/2012

Position in organisation: Clerk

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