

Community Area Grant Application Form 2010/2011

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

We strongly advise that you contact your Community Area Manager before completing your application.

1 - Your Organisa	tion or Group				
Name of	Zeals Village Ha	II			
Organisation					
Contact Name					
Contact Address					
Contact number			e-mail	T	
			o man		
Organisation Type	Not for profit or	ganisation 🛚	Parish/	n/Town Council 🗌	
	Other, please s	pecify			
2 – Your Project					
In which Community project take place? (Finame – see section 3 pack)	Please give	South West AB	MERE	E	
Does your Town/Paris					
know about your proj	ect?	Yes ⊠	No 🗌		
What is your project?		Installation of Di	sabled T	Toilet Facilities	
IMPORTANT: This set to 300 characters only spaces).					
Where will your proje	ct take place?	Zeals Village Ha	all		
When will your projec	ct take place?	Second half of 2	2010		
How many people wil your project?	I benefit from	Community Mer	nbers wit	ith Specific needs	
How does your project a direct link to the Cofor your area?		Internal decision	ı - no dire	ect link	
Please provide a refe	rence/page no.				

What is the link between your projet Parish Plans. None apart from improving community	•	forities? e.g. Priorities set by your Area Board and
None apart from improving community	y racilities	
How did you discover there was a r	and for your project	and how will your project benefit your local
community?		ON IS LIMITED TO 1200 CHARACTERS ONLY (INCLUSIVE OF
SPACES)		
	ulation generally living	I ages and, to date, there has been no apparent demand longer and determined to use our hall, the age profile is ility in such a public place.
Any other information about your p	roject.	
3 - Management		
How many people are involved in the Of these, how many are:	ne management of ye	our group/organisation?
Over 50 years	Male 1	Female 8
25 – 50 years	Male	Female
Under 25 years	Male	Female
Disabled People	Male	Female
Black & Minority Ethnic people	Male	Female
fund it?		e Council funding runs out, how will you continue to enance which will be met by letting fees for the Hall.

If you were not awarded the full amoun	t requested, what w	oul	d be the impact on your project?
We would still proceed but we would need	to be more cautious	with	our plans to modernise the hall kitchen area.
How will you know whether your project	t has made a differ	ence	e in the community?
lack of complaint			
Have you contacted Charities			_
Information Bureau for help with your application/ to seek funding?	Yes	No	
To who have you applied for funding for this project (other than Wiltshire	None		
Council)?			
Have you been evereeful?		NI -	
Have you been successful?	Yes	No	
Have you or do you intend to apply for a grant from another Area Board	Yes	No	
within this financial year?			
If yes, please state which ones.			
Are you in receipt or anticipating	Yes	No	\square
other funding from Wiltshire Council for this project?			<u>~7</u>
4 - Information relating to your la	st annual accou	ınts	(if applicable)
- Information rolating to your la			(iii applicable)
Year Ending:	Month: March		Year: 2010
A - Total Income:	£ 4420		
B - Minus Total Expenditure:	£3054		
Surplus/Deficit for year: (A minus B)	£1366		
Free Reserves held:	£8744 importanNO	TES	ON PAPER COPY

5 - Financial Information				
PROJECT COSTS A Please provide a <u>full</u> breakdown e.g equinstallation etc.	ipment,	PROJECT INCOME B Please list all sources of fundir provisional (P) or confirmed (C		s project, as
			P/C	
Installation of disabled toilet	£	Own Fundraising/Reserves	С	£ 2,308
and necessary building works	£			£
to accommodate the facility	£ 4,376	Parish/Town Council		£
	£			£
Building regulations fee	£240	Trusts/Foundations		£
	£			£
	£	In Kind		£
	£	Other		£
	£	Other		£
	£			£
	£			£
	£			£
TOTAL PROJECT EXPENDITURE	£ 4,616	TOTAL PROJECT INCOME		£2,308
Total Project Income B		£2,308		
Total Project Expenditure A		£4,616		
Project Shortfall A – B		£2,308		
Award sought from Wiltshire Council Are	ea Board	£2,308		
BANK DETAILS				
Please give the name of the organisation Account e.g. Barclays	ns' Bank	Lloyds TSB, Mere		
Please give the title name of the organis Bank Account e.g. current	ations'	Zeals Village Hall - Current		
6 - Supporting Information - Plea	ase enclo	se the following documenta	ition	
Enclosed (please tick)				
Written quotes including the one you	are going to	use		
□ Latest inspected/audited accounts or	Annual Rep	oort		
☐ Income & expenditure budget for curr	rent financia	I year		
Project budget (if applicable)				
☐ Terms of Reference/Constitution/Gro	up Rules			
Evidence of ownership/lease of building	ngs and/or la	and		
For new groups, only the group's terms covering a period of 12 months is requir		e and a projected income and ex	penditure	e budget

7 - Equalities and Inclusion – Wiltshire Council is committed to ensuring that its work through the Area Boards benefits all sections of our community and promotes equality and inclusion. To assist us in assessing how your application aims to meet our commitment to equality and inclusion, please provide a brief answer to the following:
 a) How does your project work to either (a) promote equality and access to services/facilities, and/or (b) reduce disadvantage?
It will provide adequate facilities for hall-users with disabilities
b) How does your project work to promote inclusion, participation and good community relations?
If the facility is known to be there, hopefully it will encourage such disabled persons to make use of the hall
c) Is your project targeted at a specific group? If yes, please tick any of the following 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) The Disabled
8 - Declaration (on behalf of organisation or group) – I confirm that
8 - Declaration (on behalf of organisation or group) – I confirm that ☑ I have read the funding criteria
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☑ I have read the funding criteria ☑ The information on this form is correct, that any award received will be spent on the activities
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