

Reference no

Log no

For office use

## Area Board Projects and Councillor Led Initiatives Application Form 2014/2015

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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	Chippenham Area Board							
Your Name	Councillor Peter	Councillor Peter Hutton						
Contact number	07946 458 069		e-mail	peter.hutton@wiltshire.gov.uk				
2 The project								
2. The project Project Title/Name								
	Fuldible Delibiliatul							
Please tell us about the project /activity you want to organise/deliver and why?  Important: This section is limited to 900 characters only (inclusive of spaces).	availble to them Heartbeat Projec	when carrying ou ct and Chippenha	it their pa m's bid fo		s one of the resources inked to the community When not in use by the			
Where is this project taking place?		Chippenham Community Area						
When will the project take place?		As soon as the we take delivery of the defibrillator						
What evidence is there that this project/activity needs to take place/be funded by the area board?		across the Chip	recent event "One Stop Shop for your Heart" was attended by reps cross the Chippenham Community Area. It was agreed that Community efibrillators were an important resource for the area.					

How will the local community benefit?	When someone goes into cardiac arrest, every minute without CPR and defibrillisation reduces their chances of survival by 10%. Portable defibrillators save lives.					
	Street Pastors will take responsibility for storing and maintaining the defibrillator.					
Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description)						
Does this project link to the Community Plan or local priorities?	The project links to Purple Flag Status					
(if so, please provide details)						
<ul> <li>What is the desired outcome/s of this project?</li> <li>A key strand in acheiving Purple Flag Status for Chippenham</li> <li>To support Community Safety initiatives led by CSG</li> </ul>						
Who will be responsible for managing this project? Streetpastors						
3. Funding						
What will be the total cost of the project?	£ 1600					
How much funding are you applying for?	£ 1600					
If you are expecting to receive any other funding for your project, please give		Amount Applied For	Amount Received			
details						
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)	Tbc					
4. Declaration – I confirm that						
☐ The information on this form is correct and that any grant received will be spent on the activities specified						
	r approval for this project will be in place	before the star	rt of the			
Name: Peter Hutton	Date:					
Position in organisation: Councillor  Please return your completed application to the appropriate Area Board Locality Team (see section 3)						
Please return your completed application '	to the appropriate Area Board Locality 16	eam (see secti	on 3)			