Reference no

Wiltshire Council Where everybody matters

Log no

For office use

Diamond Jubilee Celebration Community Area Grant Application Form 2012/2013

PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED

1. Your organisation or group					
Name of	Wiltshire Rd Diamond Jubilee Street Party				
organisation/group					
Contact name					
Contact address					
Contact number	e-mail				
Organisation type	Not for profit organisation x Parish/town council				
	Other, please specify				
2. Your Celebration					
Celebration Title/Name	Wiltshire Rd Diamond Jubilee Street Party				
Please briefly describe what type of celebration or street party you are	We will be holding a Diamond Jubilee Street Party in Wiltshire Rd, the cul-de-sac part, known by residents as the Horse Shoe. This will be for Wiltshire Rd residents and is being co-ordinated by a team of residents.				
organising (Max 150 words)	A road closure for this part of Wiltshire Rd has been submitted to the Corporate Events Team at the council.				
	A Risk Assessment is being drawn up and Public Liability insurance is currently being looked into.				
	We will be having a BBQ, run by responsible adults. Soft drinks will be provided. All food & drink will be free. We will not be selling alcohol.				
An adjacent resident's house may play (quiet!) music to the Street Part					

Where will your celebration take place?	Wiltshire Road
When will your celebration take place?	Sunday 3 rd June 2pm to 5pm.
If you are successful with your application, what will the funding be used for?	Street party
How many people do you expect to attend?	

3. Funding						
How do you think your project will make a difference to your community?						
Encourage people to get together to celebrate the Diamond Jubilee						
How much funding are you applying for (up to £200)	£200					
What will be the total cost of your celebration?						
If you are expecting to receive any other funding for your celebration, please give details.	Source of Funding	Confirmed	Amount			
Name of the organisation and the bank account name (but not the number) your grant funding will be paid into. <i>Please note: We can only</i> <i>make a BACS transfer and are</i> <i>therefore unable to pay money into</i> <i>an individual's bank account.</i>	n/a					
OR Name and address of the person who						
will receive the cheque. If you don't have an organisational bank account, we have a partnership arrangement with the Salisbury Community Area Partnership (SCCAP) (who are funded by the Area Board) to manage and pay funds awarded to you from their community bank account.						
4. Declaration (on behalf of orga	nisation or group) – I confirm that	t				
x The information on this form is correct, that any award received will be spent on the activities specified,						
x Any form of licence, insurance or other approval for this project will be in place prior to the commencement of the project outlined in this application.						
x Acknowledgement will be given of Salisbury Area Board support in any publicity, printed or electronic						
x I give permission for press and media coverage by Wiltshire Council in relation to this project.						
Name: Position in organisation:	Date: 13 Apri	Date: 13 April, 2012				
Office Use – not for applicant						

5. Declaration on behalf of Salisbury Community Area Partnership (SCCAP) where SCCAP is not the applicant)				
 Support this application for funding Confirm that if an award is received, we will manage the funds and ensure that it is spent as outlined within this application 				
Name:	Date:			
Position in Salisbury Community Area Partnership:				