Diamond Jubilee Celebration Community Area IVID **Grant Application Form** 2012/2013

1 0 MAY 20 2

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

1. Your organisation or group				
Name of organisation/	EAST STREET / WATER LANG STREET PARTY			
group Contact name				
Contact address				
Contact number	C-man			
Organisation type (Not for profit organisation Parish/town ćeluncil			
	Other, please specify			
2. Your Celebration				
Celebration Title/ Name	JUBILEE STREET PARTY.			
Please briefly describe what type of celebration or street party you are organising (Max 150 words)	STREET PARTY / BARBECUE FOR AROUND FIFTY RESIDENTS OF EAST STREET AND WATERLANE. WITH CHILDRENS ENTERTAINMENT			

Where will your celebration take place?	EAST STREET		
When will your celebration take place?	MONDAY 4TH JONE 2012		
If you are successful with your application, what will the funding be used for?	SUBSIDISE THE OVERALL COST OF FUOD AND ENTERTHINMENT.		
How many people do you expect to attend?	AROUND FIFTY PEOPLE INCLUDING CHILDRE		

3. Funding

How do you think your project will make a difference to your community?

How much funding are you applying for (up to £200)

What will be the total cost of your celebration?

LUE ARE ALREADY A FRIENDLY COMMUNITY , PARTICULARLY IN EAST STREET. THE EVENT WILL ENCOURAGE FURTHER COMMUNITY LINKS AND HOTEFULLY FUTURE EVENTS WILL BE ARRANGED

APPLYING FOR [200

AROUND 40 ADUS 2/6.00 PER HEAD!

AND ENTERTAINMENT FOR CHILDREN 25000

If you are expecting to receive	Source of Funding	Confirmed	Amount
any other funding for your celebration, please give details.	No		
Name of the organisation and			
the bank account name (but not the number) your grant funding will be paid into. Please note: We can only make a BACS transfer and are therefore unable to pay money into an individual's bank account.			
OR			
Name and address of the person			
who will receive the cheque. If you don't have an	W 1854 N N		
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 o	rganisation or group) – I co	nfirm that	
The information on this form is c specified,	orrect, that any award received	will be spent on	the activities
Any form of licence, insurance or commencement of the project out	other approval for this project lined in this application.	will be in place p	rior to the
Acknowledgement will be given a electronic	f Salisbury Area Board suppor	t in any publicity,	printed or
I give permission for press and n project.	nedia coverage by Wiltshire Co		
Name: Position in organisation:		Date: 7	5/2012.
Office Use - not for applicant		Jano : ₁)	5/2012
5. Declaration on behalf of Sawhere SCCAP is not the appli	alisbury Community Area F cant)	Partnership (SC	CCAP)
Support this application for funding	g		
Confirm that if an award is receive	ed, we will manage the funds a	nd ensure that it	is spent as

Name: Date:

Position in Salisbury Community Area Partnership: