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## 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 organisation/group	HARNWO	m road Residents				
Contact name						
Contact address	3					
Contact number	-	e-mail .+				
Contact number						
Organisation type	Not for profit organisation Parish/town council					
	Other, please specify					
2. Your Celebration						
Celebration Title/Name	JUBILEE LUNCH					
Please briefly	Open air Street party with trestle talloger lood, burtings bellooms, games for the children open for the children open for the admits, to ast for the amen, music					
describe what type of celebration or	local b	land but the Was & Oca of The Olive				
street party you are	7	Joseph Delisers, Games Ver le Seller				
organising	3000	offit for the admits, to car for the Cheen, Milisto,				
(Max 150 words)	13,000 FV	ato & Socialising.				
Where will your celebration take Plat central area & Harrisonal						
place?		Second de la compa				
When will your coloh	ration take	Mosal,				
When will your celebration take place?		Monday JUNE 4 12-3pm.				
If you are successful with your		Decoration - bollow tout cloth etc.				
application, what will the funding be used for?		thre grables Danction to church Prizes Call				
How many people do you expect to		60 adults 30 children.				
uttolia i						
3. Funding						
How do you think your project will make a difference to your community?						
integration in the Street, The Committee is leading						
this already. (The shape of the rock tends to split in into 2 grays)						
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for (up to £200)	175				
What will be the total cost of your celebration?	£120 (Families of course, fund their				
If you are expecting to receive any other funding for your celebration,	Source of Funding	Confirmed	Amount		
please give details.	NONE				
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 organisational bank account, we have a partnership arrangement with the Salisbury Community Area Partnership		3			
(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 organisation or group) – I confirm that					
The information on this form is correct, that any award received will be spent on the activities specified,					
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.					
Acknowledgement will be given of Salisbury Area Board support in any publicity, printed or electronic					
I give permission for press and media coverage by Wiltshire Council in relation to this project.					
Name:					
Position in organisation.	* *	- Date: 7/5	5/12.		
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:					