Reference no

Log no

For office use



## SALISBURY ARE BOARD

## Diamond Jubilee Celebration Community Area Grant Application Form 2012/2013

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

1. Your organisat	ion or group
Name of organisation/group	JUNIPER DRIVE ST OSMUNDS CLOSE
Contact name	
Contact address	
Contact number	e-mail
Organisation type	Not for profit organisation Parish/town council
	Other, please specify PRIVATE, NON-PROFIT RESIDENTS
2. Your Celebration	on
Celebration Title/Name	QUEENS DIAMOND JUBICEE STREET PARTY
Please briefly describe what type of celebration or street party you are organising (Max 150 words)	ROAD IS BEING CLOSED, BRQ, CREAM TEA, CHILDRENS ACTIVITIES - ALL LINKED TO BUGEN'S JUBILEE

Where will your celebration take place?	STRETCHING DOWN RUAN FROM THERE
When will your celebration take place?	SUNDAY 320 TUNE - 2 - 5FM
If you are successful with your application, what will the funding be	COMMENDRATIVE CHIEF FOR CHIMIEN PRICES FRE CHILDRENS CHINES CROW & MARINO ACTIVITIES SIGN PRINTING BUNTING + FLAGS, FOOD + DRIVER

How much funding are you applying for (up to £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.	BRING OUR NOIGHROURT HPS + SUPPORT FOR U  FZOO  APPROX £000 16 families  E100 on butty/flass/giftsf	ONEU GR	RESIDENT
PROMOTE NEW FRIENDS How much funding are you applying for (up to £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.	BRING OUR NOIGHROURT  THES + SUPPORT FOR U  FROM  APPROX £000 16 families  E100 on bunty flow gifts  Source of Funding	over Es	RESIDENTE O-FOOD CONT OCHVIES
what will be the total cost of your celebration?  If you are expecting to receive any other funding for your celebration, please give details.	F200 Approx faco 16 families E100 on bunty flags gifts for costs Source of Funding	orchidents	o-fad John Lachvites
If you are expecting to receive any other funding for your celebration, please give details.	Source of Funding		
other funding for your celebration, please give details.		Confirmed	Amount
	.51 4.	->	
		3	
Name of the organisation and the bank account name (but not the number) your grant funding will be baid into. Please note: We can only make a BACS transfer and are therefore unable to pay money into an individual's bank account.			
Name and address of the person who will receive the chaque. If you don't have an organisational pank 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 warded to you from their community lank account.	8 8 2 2 a		
The information on this form is correct, specified,	isation or group) – I confirm that. that any award received will be spent or	n the activitles	
ommencement of the project outlined in	approval for this project will be in place n this application. bury Area Board support in any publicit		ectronic
	overage by Wiltshire Council in relation		
ame: osition in organisation:	·	Date: 2 . 05	

Support this application for funding	
Confirm that if an award is received, we will manage the funds an this application	nd ensure that it is spent as outlined within
Name:	Date:

