

## 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	ST. ANN STREET CUL-DE-SAC		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Parish/town council <input type="checkbox"/> Other, please specify		

### 2. Your Celebration

Celebration Title/Name	DIAMOND JUBILEE STREET PARTY
Please briefly describe what type of celebration or street party you are organising (Max 150 words)	LUNCH TIME SIT DOWN PARTY WITH FOOD AND DRINK (FOR FREE - WE DON'T WANT TO CHARGE ANYONE)

Where will your celebration take place?	TURNING CIRCLE TOP OF ST ANN STREET CUL-DE-SAC
When will your celebration take place?	TUESDAY JUNE 5TH MID DAY
If you are successful with your application, what will the funding be used for?	SOME OF US WILL MAKE FOOD BUT WE DON'T EXPECT THE PENSIONERS + POORER MEMBERS TO CONTRIBUTE ANYTHING - JUST ENJOY THEMSELVES
How many people do you expect to attend?	25-30

### 3. Funding

How do you think your project will make a difference to your community?	YES. I HOPE EVERYONE WILL GET TO KNOW ALL THEIR NEIGHBOURS.
How much funding are you applying for (up to £200)	WOULD LIKE £200 - THAT'S ABOUT £7 PER HEAD AND WE CAN MAKE UP THE BALANCE

What will be the total cost of your celebration?	ABOUT £350-400		
If you are expecting to receive any other funding for your celebration, please give details.  WE (HUSBAND + ME) ARE PENSIONERS, BUT I AM DETERMINED TO MAKE THIS WORK. NEIGHBOURS WILL CONTRIBUTE SOME FOOD	Source of Funding	Confirmed	Amount
	ME AND MY HUSBAND!	✓	WHATEVER IT TAKES
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 make a BACS transfer and are therefore unable to pay money into an individual's bank account.</i>			
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 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: 4.5.12
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**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: Position in Salisbury Community Area Partnership:	Date:
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