

Small Grant Application Form

2012/2013

For small projects requiring funding - maximum award £350
where total projects costs do not exceed £350

Please ensure that you have read the Funding Criteria before completing this form
PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE
CONSIDERED

1. Your organisation or group

Name of organisation	BRADLEY GARDENS RESIDENTS ASSOC.		
Contact name			
Contact address			
Contact number		e-mail	
Organisation type	Not for profit organisation <input checked="" type="checkbox"/> Other, please specify		

2. Your project

Project Title/Name	" WITCHES TRAIL " HALLOWEEN EVENT		
Please briefly tell us about the project/activity you want to organise and why Important: This section is limited to 600 characters only (inclusive of spaces).	HALLOWEEN "TREASURE HUNT" PRIMARILY FOR CHILDREN WHICH BRINGS THE COMMUNITY TOGETHER THRU THEIR PARTICIPATION, A FAMILY EVENT AND ACTIVITY WHICH ALSO HELPS TO PROMOTE AND GIVE REASSURANCE TO THE OLDER COMMUNITY BY HAVING A FIRM PRESENCE TO COUNTER ANY ANTI SOCIAL BEHAVIOUR		
In which community area does your project take place? (Please give name - see section 3 of the grants pack)	BRADLEY GARDENS ESTATE, PRIMARILY WITHIN THE SOMMELDOWN WALK PEDESTRIAN AREA.		
Where will your project take place?	SOMMELDOWN WALK		
When will your project take place?	SAT. 27. OCT 2012		

<p>How will your project benefit your local community?</p> <p><i>Important: This section is limited to 300 characters only (inclusive of spaces).</i></p>	<p>HELPS TO RE-ESTABLISH THE COMMUNITY IDENTITY AND PREVENTS ANY ANTI-SOCIAL ISSUES IDENTIFIED WITH "TILCK & TREAT" BENEFITS YOUNG PEOPLE BY HAVING A STRUCTURED EVENT.</p>		
<p>How many people will benefit from your project?</p>	<p>APPROX 300</p>		
<p>Any other information about your project.</p> <p>BRADLEY GARDENS RESIDENTS ASSOC. HAS BEEN IN EXISTENCE FOR APPROX 14 YEARS AND THIS EVENT WILL HELP TO RE-ESTABLISH WHAT HAS BEEN A RELATIVELY LOW KEY ASSOCIATION, WITH THE AIM OF PUSHING THE MESSAGE OUT THAT WE' ARE THERE TO HELP AND INFORM WHERE POSSIBLE AND ALSO ACT AS A LINK BETWEEN THE POLICE/PCSO, LOCAL COUNCIL AND OTHER AUTHORITIES WHERE APPROPRIATE. THIS EVENT WILL RE-EMPHASISE THIS COMMITMENT</p>			
<p>3. Funding</p>			
<p>What will be the total cost of your project?</p>	<p>£ 350</p>		
<p>How much funding are you applying for (maximum £350)?</p>	<p>£ 200</p>		
<p>If you are expecting to receive any other funding for your project, please give details</p>	<p>Source of Funding</p>	<p>Amount Applied For</p>	<p>Amount Received</p>
<p>Name of the organisation and the bank account name (but not the number) your grant funding will be paid in to: (Please Note: we cannot pay money into an individual's bank account)</p>	<p>ASSOCIATION</p>		
<p>4. Declaration (on behalf of organisation or group) – I confirm that...</p>			
<p><input checked="" type="checkbox"/> The information on this form is correct and that any grant received will be spent on the activities specified</p> <p><input checked="" type="checkbox"/> Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application</p> <p><input checked="" type="checkbox"/> That acknowledgement will be given of Wiltshire Council support in any publicity, printed or website material.</p> <p><input checked="" type="checkbox"/> I give permission for press and media coverage by Wiltshire Council in relation to this project.</p>			
<p>Name:</p>	<p>Date: 14.8.12</p>		
<p>Position in organisation:</p>			
<p>Please return your completed application to the appropriate Area Board Locality Team (see section 3)</p>			