



**South West Wiltshire Area Board
Youth Project Funding – Supporter Agreement Form 2012/13**

Name of Youth Project Group:

Name of Supporter:

Name of Employer/Organisation (e.g. Parish Council):

Position (e.g. Parish Councillor):

Contact email:

Contact phone number:

Contact address:

Declaration – I confirm that....

- I am at least 18 years of age.
- The applicant has discussed the youth project with me, I have viewed the application form and to the best of my knowledge, the information provided is correct.
- I support this application for funding.
- The necessary policies and procedures will be in place prior to the commencement of the project outlined in this application e.g. child protection, safeguarding adults, equal opportunities, public liability insurance.
- If an award is received, I will manage the funds and ensure that it is spent as outlined within the application. Any unspent funds will be returned within 6 months of the project starting.
- If an award is received, I will provide South West Wiltshire Area Board with confirmation that the project has run and a simple account summary detailing how funds were used within 6 months of the project taking place.

Signed:	Date:
Name:	
Position in organisation:	

Bank Account Number -----

Sort Code -----

Please return this form to **Stephen Harris, Community Area Manager**, by emailing stephen.harris@wiltshire.gov.uk
If you are unable to do this you can post this form to the following address; Area Boards Team, Wiltshire Council, Bourne Hill, Salisbury, Wiltshire. SP1 3UZ.