Section 9



Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2013/2014

To be completed by the Wiltshire Councillor leading on the project

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. Contact Details								
Area Board Name	Tidworth Area B	oard						
Your Name	Cllr Mark Connolly							
Contact number			e-mail	mark.connolly				
2. The project								
Project Title/Name	WW1 Commemoration Fund							
Please tell us about the project /activity you want to organise/deliver and why? Important: This section is limited to 1000 characters only (inclusive of spaces).	Tidworth Area B	oard wishes to set activities across to		the sum of £10,000 to support WW1 munity area in line with Wiltshire Council's				
Where is this project taking place?		Tidworth Community Area						
When will the project take place?		2014						

project/activity needs to take place/be funded by the area board?	consider activities and events that they can put on to commemorate the anniversary of WW1. All such activities require pump priming.					
How will the local community benefit?	It is particularly important that Tidworth Community Area with it's large military population and focus commemorates WW1 and those who were lost from the area.					
Does this project link to a current Community Issue? (if so, please give reference number as well as a brief description)						
Does this project link to the Community Plan or local priorities? (if so, please provide details)	This will support military civilain integration					
What is the desired outcome/s of this project? Towns, parishes and community groups supported to deliver activities to commemorate the anniversary of WW1.						
Who will be responsible for managing this project? Mary Cullen, Community Area Manager						
3. Funding						
What will be the total cost of the project?	£ 10,000					
How much funding are you applying for?	£ 10,000					
If you are expecting to receive any other funding for your project, please	Source of Funding	Amount Applied For	Amount Received			
give details						
Please give the name of the						
organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account)	I					
4. Declaration – I confirm that						
☐ The information on this form is correct and that any grant received will be spent on the activities specified						
\boxtimes 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						

Name: Cllr Mark Connolly	Date: 13/02/14				
Position in organisation: Councillor					
Please return your completed application to the appropriate Area Board Locality Team (see section 3)					