

Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2012/2013

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						
Your Name						
Contact number			e-mail			
2. The project						
Project Title/Name						
Please tell us about the project /activity you want to organise/deliver and why?						
Important: This section is limited to characters only (inclusive of spaces).						
Where is this project taking place?						
When will the project take place?						
What evidence is there that this project/activity needs to take place/be funded by the area board?						

How will the local community benefit?							
benent:							
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)							
What is the desired outcome/s of this project?							
Who will be responsible for managing this project?							
3. Funding							
What will be the total cost of the	£						
project? How much funding are you applying							
for?	£						
If you are supporting to provide any	Source of Funding	Amount	Amount				
If you are expecting to receive any other funding for your project, please	- C	Applied For	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)							
4. Declaration – I confirm that							
☐ The information on this form is correct and that any grant received will be spent on the activities specified							
☐ 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							
Nama		Dete					
Name:	Date:						
Position in organisation:							
Please return your completed applicati	on to the appropriate Area Board Locali	ity Team (see s	action 3)				