



## HASLEMERE TOWN COUNCIL

Revenue Grant Application Form<sup>1</sup>**CONTACT DETAILS**

Name of Organisation	WANDLEIGH HOPPA COMMUNITY TRANSPORT
Contact Name	STEVE FORWARD.
Position in Organisation	CENTRAL MANAGER
Address	UNIT 8, TOWNGATE BUSINESS CENTRE COOPERS PLACE, COMBES LANE WINDLEIGH, SURREY GU8 5SZ
Telephone	01428 681710
Email	steve.forward@hoppa.org.uk.

**ORGANISATION DETAILS**

Name of organisation	HOSPITAL HOPPA SERVICE.
What will the revenue grant money be used for – please be as specific as possible and use a separate sheet if necessary.	VEHICLE RUNNING COSTS, SUCH AS FUEL, MAINTENANCE, INSURANCE ETC, DEPRECIATION + DRIVER COSTS.
What specific benefits for the Haslemere community do you expect will result from the grant? <sup>2</sup>	TO ENSURE THE RESIDENTS OF HASLEMERE TOWN HAVE ACCESS TO LOCAL HEALTH CLINICS AND HOSPITALS.

**FUNDING DETAILS**

Have you or will you be applying to other bodies for financial assistance?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
If yes please state: To whom applied	1. RSC 2. GODALMING TOWN COUNCIL – VIA SLA.
Amount(s) applied for	1. £15K 2. £5K
Amount(s) received	NO FUNDS RECEIVED AS YET, DUE TO COVID.
What fundraising activities will your organisation be doing to fund this project?	NOT SPECIFICALLY FOR THIS SERVICE BUT WE DO UNDERTAKE CENTRAL FUNDRAISING ACTIVITIES.

**ORGANISATION DETAILS**

Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	<input checked="" type="radio"/> Yes / <input type="radio"/> No Registration Number: CHARITY NO: 1104954
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<sup>1</sup> Delete as appropriate<sup>2</sup> Use a separate sheet if required

Is it affiliated to a National Body? If yes please specify.	<input checked="" type="radio"/> Yes <input type="radio"/> No <b>COMMUNITY TRANSPORT ASSOCIATION</b>
What are the aims and objectives of the organisation?	<b>TO PROVIDE DOOR-TO-DOOR, AFFORDABLE AND WHEELCHAIR ACCESSIBLE TRANSPORT FOR THOSE IN THE BOROUGH WHO MAY NOT HAVE ACCESS TO SUITABLE TRANSPORT OR WHO MAY HAVE A DISABILITY OR RURALITY ISOLATED.</b>
What is the geographical area covered by your organisation?	<b>THE BOROUGH OF WAVERLEY, GUILDFORD AND PARTS OF WEST SUSSEX</b>
Bank account to which payment should be made  This must be in the name of your organisation. Payments cannot be made to individuals.	Account Nar  Sort Code:  Account Nur

### VALIDITY CHECKLIST

For your project to be considered you must be able to confirm the following statements:

Criteria	Tick to confirm
The revenue grant will be used to specifically benefit to residents of the Council's electoral area	✓
You hold a bank account in the name of the organisation applying, not an individual	✓
This application is accompanied by either the latest audited financial report or, where this does not exist, a forecast budget of income and expenditure relating to the grant application.	✓
The grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserves	✓
You consent to acknowledge HTC's contribution in your marketing / promotional material	✓

### DECLARATION

In submitting this application on behalf of the stated organisation I certify that all statements made or enclosed to be true. This application and all supporting information may be made publically available	Sign   Print name: <b>STEVE FORWARD</b>
Date <b>28.08.2020</b>	