



# HASLEMERE TOWN COUNCIL

## Grant Application Form

### CONTACT DETAILS

Name of Organisation	The Friends of Stottermill Infants School
Contact Name	Kate Coultts
Position in Organisation	Associate
Address	Schickroft Rd Haslemere Surrey
Telephone	07973 566769
Email	kate.n.coultts@gmail.com

### PROJECT DETAILS

Name of Project	Lion Lane Book Exchange.
What aspect of the project will grant money be used for. Please be as specific as possible.	cleaning tools, paint, book shelves.
What benefits for the Haslemere community do you expect will result from the project?	Maintaining an iconic British artefact - the phonebox. Encouraging reading, recycling and community spirit
Scheduled project start and finish date	Immediate.

### FUNDING DETAILS

Total estimated cost of the project	£300 yr 1 & 2.
Amount of grant requested from the Town Council	£300
Have you or will you be applying to other bodies for financial assistance? If yes please state: To whom applied Amount(s) applied for Amount(s) received	Yes / <u>Not yet</u>  Tesco blue coin
Have you received a grant from the Town Council before? If so for how much and for what purpose?	NO
What fundraising activities will your organisation be doing to fund this project?	Fund raising buckets are located in Bells Butchers and The Lions Den. Stottermill schools have advertised in school letters.

## ORGANISATION DETAILS


Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	<input checked="" type="radio"/> Yes / No Registration Number:
Is it affiliated to a National Body? If yes please specify.	Yes / No
What are the aims and objectives of the organisation?	To support Shottermill Infant school, hold fund raising events to support school.
What is the geographical area covered by your organisation?	Shottermill infants school and local community.
Bank account to which payment should be made  This must be in the name of your organisation. Payments cannot be made to individuals.	Account Name: The Friends of Shottermill Infant school Sort Code: 30-93-94 Account Number: 01903451

## VALIDITY CHECKLIST

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

Criteria	Tick to confirm
The project is of benefit to residents of the Council's electoral area	<input checked="" type="checkbox"/>
You hold a bank account in the name of the organisation applying, not an individual	<input checked="" type="checkbox"/>
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.	
You consent to acknowledge HTC's contribution in your marketing / promotional material	<input checked="" type="checkbox"/>
The grant is not for a project already completed	<input checked="" type="checkbox"/>
The grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserves	<input checked="" type="checkbox"/>

## 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	Signed:  Print name: KATE COULTS Capacity in which signed: ORGANISER
Date 08/09/2020.	