



## HASLEMERE TOWN COUNCIL

### Small Grant / Green Grant Application Form<sup>1</sup>

#### CONTACT DETAILS

Name of Organisation	Haslemere Comrades Club
Contact Name	Mark Harris
Position in Organisation	Head Steward
Address	17 High St Haslemere
Telephone	642771
Email	

#### PROJECT DETAILS

Name of Project	Defibrillator
What aspect of the project will grant money be used for. <b>Please be as specific as possible.</b> <sup>2</sup>	<p>Purchase of defibrillator to be housed in the club.</p> <p>We have discussed housing the defibrillator outside but decided against it. The cost of a decent housing unit is £500+, however the main reason is that it may get vandalised. The area on a weekend can get feisty and we don't fancy someone trying to use it or destroying it. The club is open 7 days a week and someone is here from 9.30am to 10.30pm so we are fairly well covered. We will display a sign outside.</p> <p>There is a defibrillator outside Waitrose, fire Station and museum, but nothing for our end of the high Street.</p>
What benefits for the Haslemere community do you expect will result from the project? <sup>3</sup>	Will benefit this part of the High St.
Scheduled project start and finish date	ASAP

#### FUNDING DETAILS

Total estimated cost of the project	£1000
Amount of grant requested from the Town Council	£500
Have you or will you be applying to other bodies for financial assistance? <sup>4</sup>	No

<sup>1</sup> Delete as appropriate

<sup>2</sup> Use a separate sheet if required

<sup>3</sup> Use a separate sheet if required

<sup>4</sup> HTC will not accept applications for 100% of project funding

If yes please state: To whom applied	n/a.
Amount(s) applied for	
Amount(s) received	
Have you received a grant from the Town Council before? If so for how much and for what purpose? <sup>5</sup>	No
What fundraising activities will your organisation be doing to fund this project?	Raised internally from member donations

### **ORGANISATION DETAILS**

Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	No Registration Number:
Is it affiliated to a National Body? If yes please specify.	No
What are the aims and objectives of the organisation?	To provide facilities for leisure /social intercourse for Haslemere residents
What is the geographical area covered by your organisation?	Haslemere and surrounding villages
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:  Sort Code:  Account Number:

### **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	X
You hold a bank account in the name of the organisation applying, not an individual	X
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.	X
The grant is not for a project already completed	X
The grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserves	X
You consent to acknowledge HTC's contribution in your marketing / promotional material	X

### **DECLARATION**

In submitting this application on behalf of the stated organisation I certify that all statements made or enclosed to be true.	Signed: Mark Harris
--	---------------------

<sup>5</sup> HTC will not accept applications from organisations which have been awarded a grant in the last two years.

This application and all supporting information may be made publicly available	Print name: Brian Howard
Date	

### NOTES FOR APPLICANTS

#### Application procedure

Please note that no application can be considered unless delivered to the Town Clerk at Haslemere Town Council, Town Hall, High Street, Haslemere, Surrey, GU27 2HG at least **ten (10)** working days before the relevant Grant Committee or Council meeting.

No application will be considered by the Committee unless the applicant is able to confirm all of the Validity Checklist criteria. If in doubt contact the Town Clerk 01428 654305.

#### Consideration and notification

The application will be considered by the Grants Committee generally for capital expenditure only and on a matched funding basis.

The Committee meets every two [2] months. Successful applicants will be informed by letter/email as soon as possible thereafter.

#### Payment procedure

A grant payment will only be made by the Town Clerk against production of an original invoice or invoices for goods or services made out to the recipient organisation. Under no circumstances will payment be made to an individual.

Payments are made by cheque/BACS therefore the recipient organisation must hold a bank account in the name of the organisation.

Grants should normally be drawn down in one amount. The Grant Letter will state that the grant will automatically lapse if it is not claimed within the time specified.

As a courtesy, a reminder letter will be sent to the applicant organisation one [1] month before the expiry of the grant advising that the funds have not yet been claimed.

#### Data Protection

The information provided in this form will only be used by the Town Council in the administration of its Grants process and for no other reason. The information will be processed in accordance with the Council's data retention policy.