

Revenue Grant Application Form¹

CONTACT DETAILS

Name of Organisation	WAVELLEY HOPPA COMMUNITY TRANSPORT
Contact Name	STEVE FORWARD
Position in Organisation	GENELAL MANAGEL
Address	UNIT 8, TOWERCHATE BUSINESS CENTRE COOPELS PACE, COMBE CANE, WOLMLEY, SURREY GUSSSZ
Telephone	01428 681710
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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.	RUNNING COSTS: DRIVER'S SAMPLY, VEHICLE DEPRECIATION, FUEL, MAINTAINANCE, INSULANCE, ETC.
What specific benefits for the Haslemere community do you expect will result from the grant? ²	TO ENSURE THAT THE REGIDENTS OF HARLEMELE TOWN HAVE ACCESS TO LOCAL HOSPITALS & HEACH FACILITIES.

FUNDING DETAILS

Have you or will you be applying to other bodies for financial assistance?	(Yes)/ No
If yes please state:	1. RSCH 2. GODALMING TOWN COUNCIL - VIA SLA
To whom applied Amount(s) applied for	1. \$15k 2. \$5k
Amount(s) received	1. 18 2. 15K
What fundraising activities will your organisation be doing to fund this project?	NOT SPECIFICACE FOR THIS 850 VICE BUT WE DO UNDERTAKE GENERAL FUNDRAISING ACTIVITIES FOR ALL HOPPA 85 ENICES.

ORGANISATION DETAILS

Is your organisation a Registered charity or trust?	Yes No
(If yes please provide Registration Number)	Registration Number: 1104954

¹ Delete as appropriate

² Use a separate sheet if required

Is it affiliated to a National Body? If yes please specify.	(es) No COMMUNITY TRANSPORT ASSOCIATION
What are the aims and objectives of the organisation?	TO PROVIDE ACCESSIBLE, ATTONDABLE, DOOR-TO-DOOR, THANSPORT, FOR THOSE WHO CANNOT ACCESS PUBLIC THANS PORT DOE TO AIDISABLITY OR RULAR REMOTENESS.
What is the geographical area covered by your organisation?	THE GOLOUGH OF WAVELLEY BUT THIS BENICE STELFICACIN BELVES THE ALEAS OF HASLEMERE GODALMING + SURBOUNDING VILLAGES. Account Name: WINGLEY HOPPA COMMUNITY TEAMS PORT
Bank account to which payment should be made	Account Name: WHUELLEY HOPPA COMMUNITA TEAMS PORT
This must be in the name of your organisation. Payments cannot be made to individuals.	Sort Code: 40 - 22 - 12 Account Number: 11433598

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	Signed: Stell Follows . Print name: STEUE FORWARD
Date 15.09.2021	