



HASLEMERE TOWN COUNCIL

Small Grant / Green Grant Application Form¹

CONTACT DETAILS

Name of Organisation	WEYHILL MONTESSORI SCHOOL
Contact Name	ELIZABETH ODELL
Position in Organisation	EARLY YEARS TEACHER
Address	HIGH LANE COMMUNITY CENTRE WEYCOMBE ROAD HASLEMERE GU27 1EL
Telephone	
Email	

PROJECT DETAILS

Name of Project	COMMUNITY DEFIBRILLATOR PURCHASE
What aspect of the project will grant money be used for. Please be as specific as possible. ²	SEE ATTACHED SHEET
What benefits for the Haslemere community do you expect will result from the project? ³	SEE ATTACHED SHEET
Scheduled project start and finish date	SPRING 2022

FUNDING DETAILS

Total estimated cost of the project	£1,255.00
Amount of grant requested from the Town Council	£600.00
Have you or will you be applying to other bodies for financial assistance? ⁴	<input checked="" type="radio"/> Yes / No
If yes please state: To whom applied	LONDON HEARTS - SEE ATTACHED
Amount(s) applied for	£300.00
Amount(s) received	£300.00

¹ Delete as appropriate

² Use a separate sheet if required

³ Use a separate sheet if required

⁴ HTC will not accept applications for 100% of project funding

Have you received a grant from the Town Council before? If so for how much and for what purpose? ⁵	NO
What fundraising activities will your organisation be doing to fund this project?	SEE ATTACHED SHEET.

ORGANISATION DETAILS

Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	Yes <input type="radio"/> No <input checked="" type="radio"/> Registration Number:
Is it affiliated to a National Body? If yes please specify.	Yes <input type="radio"/> No <input checked="" type="radio"/>
What are the aims and objectives of the organisation?	SEE ATTACHED SHEET
What is the geographical area covered by your organisation?	HASLEMERE AND SURROUNDING AREAS.
Bank account to which payment should be made This must be in the name of your organisation. Payments cannot be made to individuals.	

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.	<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"/>
You consent to acknowledge HTC's contribution in your marketing / promotional material	<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 publicly available	Signed: Print name: ELIZABETH ODELL
Date 19.11.2021	

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