

Revenue Grant Application Form¹

CONTACT DETAILS

Name of Organisation	Haslemere & District Twinning Associations
Contact Name	
Position in Organisation	
Address	
Telephone	
Email	

ORGANISATION DETAILS

Name of organisation	Haslemere & District Twinning Associations
Amount applied for from HTC	£500
What will the revenue grant money be used for – please be as specific as possible and use a separate sheet if necessary.	Ferrying foreign visitors to and from ports (Portsmouth) and airports (LHR), as well as contributing towards the cost of entertaining our visitors to Haslemere to the standard of hospitality offered by our twin towns. We endeavour to maintain a reasonable bank balance to ensure that all members of the Association (irrespective of personal means) who so wish are able to join in the Twinning activities with our Twin towns which are totally self-funded other than the small grant we receive from HTC.
What specific benefits for the Haslemere community do you expect will result from the grant? ²	The fulfilment and maintaining of the aims of the Twinning Association as set out on the two charters hanging in the Town Hall Chamber either side of the portrait of our Sovereign.

FUNDING DETAILS

Have you or will you be applying to other bodies for financial assistance?	Yes / No
If yes please state: To whom applied	-
Amount(s) applied for	-
Amount(s) received	-
What fundraising activities will your organisation be doing to fund this project?	Our key annual fund-raising activity is the Quiz Night in November, which raises an important share of our annual financial needs.

¹ Delete as appropriate

² Use a separate sheet if required

ORGANISATION DETAILS

Is your organisation a Registered charity or trust?	Yes / No
(If yes please provide Registration Number)	As such, there is no question of the money being 'distributed'.
Is it affiliated to a National Body? If yes please specify.	Yes / No
What are the aims and objectives of the organisation?	 (a) To promote and foster friendship and understanding between the people of Haslemere and District and those of Bernay and District in Eure, Normandy, France, and those of Horb am Neckar, in the German state of Baden-Württemberg. (b) To encourage visits by individuals and groups to and from linked towns, particularly by children and young people, and the development of personal contacts, and by so doing to broaden the mutual understanding of the cultural, recreational, educational and commercial activities of the linked towns. (c) To organise fund-raising activities to foster the aims of the Association.
What is the geographical area covered by your organisation?	Haslemere and towns and villages within, say, a 10 mile radius.
Bank account to which payment should be made	Account Name: Haslemere & District Twinning Association
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 revenue grant will be used to specifically benefit the 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.	✓
This grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserve	\checkmark
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	Signed:
made publically available	Print name
Date	25 th October 2022

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.