



HASLEMERE TOWN COUNCIL

Small Grant / Green Grant Application Form¹

CONTACT DETAILS

Name of Organisation	3 Counties Money Advice
Contact Name	Malcolm Carter
Position in Organisation	Adviser/Treasurer
Address	3CMA Haslemere Locality Office Lion Green, Haslemere GU27 1LD
Telephone	
Email	malcolm.carter@frontlinedebtadvice.org.uk

PROJECT DETAILS

Name of Project	Support for Meeting Room
What aspect of the project will grant money be used for. Please be as specific as possible. ²	We provide a FREE personal service for Haslemere and District residents offering Debt and State Benefits Advice working closely with Waverley Borough Council and other neighbouring Councils
What benefits for the Haslemere community do you expect will result from the project? ³	We provide Debt and State Benefits advice for Haslemere and District We have operated in Haslemere for 17 years and are well known for sound and practical advice at NO COST.
Scheduled project start and finish date	Current

FUNDING DETAILS

Total estimated cost of the project	£7000 per year
Amount of grant requested from the Town Council	£1000
Have you or will you be applying to other bodies for financial assistance? ⁴	Yes
If yes please state: To whom applied	Community Trust for Surrey
Amount(s) applied for	4000

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

Amount(s) received	none
Have you received a grant from the Town Council before? If so for how much and for what purpose? ⁵	2022
What fundraising activities will your organisation be doing to fund this project?	As much of our work is confidential it is difficult to fund raise publicly however we do present the facts about our work to local interested organisations

ORGANISATION DETAILS

Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	Yes / Registration Number: 1134908
Is it affiliated to a National Body? If yes please specify.	Yes / No
What are the aims and objectives of the organisation?	We support residents who need help with Debts, Bailiffs, Possession Orders, Welfare benefits and Appeals, Bankruptcies and Debt Relief Orders
What is the geographical area covered by your organisation?	Haslemere District and a 10 mile distance
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: 3 Counties Money Advice

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

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