**Small Grant / Green Grant Application Form**

**CONTACT DETAILS**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Contact Name** |  |
| **Position in Organisation** |  |
| **Telephone** |  |
| **Email** |  |

**PROJECT DETAILS**

|  |  |
| --- | --- |
| Description of Project |  |
| What aspect of the project will grant money be used for. **Please be as specific as possible and use a separate sheet if necessary..** |  |
| What benefits for the Haslemere community do you expect will result from the project? |  |
| Scheduled project start and finish date |  |

**FUNDING DETAILS**

|  |  |
| --- | --- |
| Total estimated cost of the project |  |
| Amount of grant requested from the Town Council. The Council will not normally fund 100% of a project’s costs. Where 100% is requested please explain why other funding sources have not been considered. |  |
| Have you or will you be applying to other bodies for financial assistance?  | Yes / No |
| If yes please state, to whom you have applied |  |
| Amount(s) applied for |  |
| Amount(s) granted / received |  |
| What fundraising activities will your organisation be doing to fund this project? |  |
| Does the success of this project rely on a grant being awarded by the Town Council? |  |
| Have you received a grant from the Town Council before? If so for how much and for what purpose? |  |

**ORGANISATION DETAILS**

|  |  |
| --- | --- |
| Is your organisation a Registered charity or trust? (If yes please provide Registration Number) | Yes / NoRegistration Number: |
| Is it affiliated to a National Body? If yes please specify. | Yes / No |
| What are the aims and objectives of the organisation? |  |
| What is the geographical area covered by your organisation? |  |
| Bank account to which payment should be madeThis 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** |
| 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 for a project already completed |  |
| 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:Print name:  |
| Date |  |