

# HASLEMERE TOWN COUNCIL

## **Revenue Grant Application Form**

#### **ORGANISATION DETAILS**

Name of Organisation	The Haslemere Youth Hub
Contact Name	
Position in Organisation	The Managel
Registered Address	The Manager The Haslemere Hub St Christopher Root Haslemere Swieu Gu27 100
Telephone	
Email	

#### **FUNDING DETAILS**

Project name and brief description	Haslemere Youth Hub
	Youth Provisions
Amount applied for (to be paid annually from 2024-2026 inclusive).	[20,000K
What will the revenue grant money be used for?	Running Cost to help provide a Safe Space for families + Vulnerable young people in our community
What specific benefits are there for the Haslemere community?	for families + Vulnerable young people in our community
Approximately how many residents will benefit from the project?	helping with personal development, Confidence, reduced isolation, comotional + Mental well being, Education + Career
Applications <b>must</b> demonstrate how they support Council's Strategic Aims for the current Council term.	1(1()))))()(1)
What fundraising activities will your organisation be doing to fund the	The youth hob is Currently facilitating around 57,000 Visits a year of families + Children in local surpunding areas
project? Please be as specific as possible and use a separate sheet if necessary	The Haslemere youth hub helps to provide Support for young people + families who would other wise be unable to access provisions locally. This is inline with Councils Strain au of developing sustainable Support for the Wider community.
If you have or are planning to apply to other organisations for financial assistance, please state which organisations and level of funding	We Currently have a grant funder who works
requested.	With our Charity to find finacial Support throughout the year

We operate a Cafe and hire Space to other youth provision Companies to generate income. We also run activities throughout the year that are lowcost. We fundraise by holding things like, quiz nights, teks and Ind hand (10thing Sales.

#### ORGANISATION DETAILS

Is your organisation a Registered charity or trust?	(Yes / No //8 28 42 Registration Number:
(If yes please provide Registration Number)	
Is it affiliated to a National Body? If yes please specify.	(es)/No Charity Commission
What are the aims and objectives of the organisation?	To provide a Safe + Inclusive Space to empower young people. To deliver programs to ail young Prople in the Wider Community being Completly inclusive
What is the geographical area covered by your organisation?	Haslemere + Surrounds
Bank account to which payment should be made	Account Nam Sort Code:
[This must be in the name of your organisation. Payments cannot be made to individuals]	Account Num

#### **OTHER CRITERIA**

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.	V
The grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserves	V
You consent to acknowledge HTC's contribution in your marketing / promotional material	V

### **DECLARATION**

In submitting this application on	Signed:
behalf of the stated organisation I	
certify that all statements made or	
enclosed to be true.	
I note that this application and all	Print nan
supporting information may be	A karinga
made publicly available.	Selant.
Date	Ogmi
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