

APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES

Please return completed form by 16 September 2011 (for the 29 September meeting) to:

Peter Smith-Parkyn
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

Email: Peter.Smith-Parkyn@portsmouthcc.gov.uk

Name of Twinning Group

N/A (All)

Grant Applicant's name

Peter Smith-Parkyn

Grant Applicant's Address

Democratic Services, Portsmouth City Council, Civic Offices, Guildhall Square,
Portsmouth

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Post Code.....PO1 2 AL.....

Project Title

Twinning Support

Outline of Project

To cover modest printing, postage and telephone costs by the Council on behalf of all the Twinning, Sister and Friendship links.

It is proposed that a nominal value of £100 per link be granted to cover the 10 links currently active.

Please continue on additional sheets (as required)

Explain how this project will benefit people in Portsmouth

Supporting all the links and promoting the City of Portsmouth aboard.

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Proposed start date (if applicable) Immediately.	Proposed end date (if applicable) On going	
Finance and Management		
Please give a breakdown of the estimated costs for the project for which you are seeking funding		
	A	B
Item or Activity (as appropriate)	Amount Requested from PCC	Total Cost
Staff Costs	£0	£0
Premises	£0	£0
Administrative/General Expenses	£1,000	£1,000
Equipment	£0	£0
Other expenses (please describe)	£0	£0
Total Cost of Project	£1000	£1,000
If the total cost in column B is higher than the total cost in column A please state where the rest of the funding will come from.		
Please give bank details (to which grant can paid if application is successful)		
Name of Bank.....na.....		
Address.....		
Sort Code..... Account Number		
Names and positions of two signatories to the bank account		
1.....		
2.....		

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Signature of applicant	Date
<i>For office use only</i> <i>Date application received.....</i>	<i>Grant approved Yes/No</i> <i>Date.....</i>