

APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES

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	£	£
Premises	£	£
Administrative/General Expenses	£	£
Equipment	£	£
Other expenses (please describe)	£	£
Total Cost of Project	£	£
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 be paid if application is successful)		
Name of Bank.....		
Address.....		
Sort Code..... Account Number		
Names and positions of two signatories to the bank account		
1.....		
2.		
Signature of applicant	Date	
<i>For office use only</i> Date application received	<i>Grant approved Yes/No</i> Date.....	