

APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES

Please return completed form by <date> to:</date>		
Name/Address/Telephone Number of PCC contact		
Name of Twinning Group		
Grant Applicant's name		
Grant Applicant's Address		
Post Code		
Project Title		
Outline of Droject		
Outline of Project		
Please continue on additional sheets (as required) Explain how this project will benefit people in Portsmouth		
Proposed start date (if applicable)	Proposed end date (if applicable)	

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Finance and Management			
Please give a breakdown of the estimated costs for the project for which you are seeking funding			
	A	В	
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 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		
For office use only	Grant approved Yes/No		
Date application received	Date		