



APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES APPENDIX A.

Please return completed form to:

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

Or by email to peter.smith-parkyn@portsmouthcc.gov.uk

NB. A signed version should also be provided.

Name of Twinning Group

CAEN

Grant Applicant's name

HONORARY ALDERMAN ROBIN SPARSHATT

Grant Applicant's Address

.....
.....
.....

Post Code.....

Project Title

'D DAY 2013'

Outline of Project

TO PROMOTE THE ATTENDANCE of 2
FRENCH VETERANS & INTERPRETER from CAEN
CITY COUNCIL TO ATTEND THE 'D DAY
CEREMONY ON 6TH JUNE 2013.

Please continue on additional sheets (as required)

Explain how this project will benefit people in Portsmouth

APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES

Proposed start date (if applicable) <i>5th JUNE 2013</i>	Proposed end date (if applicable) <i>7th JUNE 2013</i>
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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	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	£ <i>550</i>	£

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 <i>[Handwritten Signature]</i>	Date <i>14th November 2012</i>
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For office use only Date of payment received.....	Grant approved Yes/No Date.....
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