



APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES
APPENDIX 2

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 Committee

Grant Applicant's name

Peter Smith- Parkyn (on behalf of the Caen Committee)

Grant Applicant's Address

DEMOCRATIC SERVICES, PORTSMOUTH CITY COUNCIL

Post Code PO1 2AL

Project Title

CAEN A L'INTERNATIONAL Official Portsmouth Delegation (Nov 2012)

Outline of Project

CAEN A L'INTERNATIONAL Official Portsmouth Delegation

Re-imbusement of costs incurred by Portsmouth's official delegate for token gifts from Portsmouth.

Please continue on additional sheets (as required)

Explain how this project will benefit people in Portsmouth

Maintaining cordial relationship with Caen.

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Proposed start date (if applicable)	Proposed end date (if applicable)	
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	£ 33.57	£
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	
<i>For office use only</i> Date application received.....	<i>Grant approved Yes/No</i> Date.....	

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