APPLICATION FORM FOR GRANTS FOR TWINNING COMMITTEES

Portsmouth
CITY COUNCIL

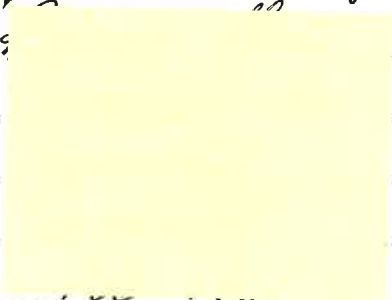| |
|---|
| Please return completed form to:

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
Hon. Ald Robin Sparshatt

Grant Applicant's Address
.... Road **Post Code** ....

Project Title
Caen a l'International

Outline of Project
To provide Gifts etc for Caen International

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

Item or Activity (Please provide a breakdown of how the grant requested is expected to be used)	A Amount Requested from PCC	B Total Cost
To Provide Gifts for Caen Twin	£ 100-00	£
Delegates	£	£
	£	£
	£	£
	£	£
Total Cost of Project	£ 100-00	£

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.

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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 X	Date 25 September 2013
For office *Date app*	*Grant approved Yes/No* *Date.........................*