



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](mailto:peter.smith-parkyn@portsmouthcc.gov.uk)

NB. A signed version should also be provided.

Name of Twinning Group

CAEN

Grant Applicant's name

Hon. Aid. Robin Sparshatt

Grant Applicant's Address

London

Post Code... 100 104

Project Title

Grant South Lun 26<sup>th</sup>/27<sup>th</sup> October

Outline of Project

ADDITIONAL FUNDING for FRENCH (CAEN) PARTICIPANTS  
IN GRANT SOUTH LUN.

Explain how this project will benefit people in Portsmouth

Proposed start date (if applicable)

Proposed end date (if applicable)

## 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 (Please provide a breakdown of how the grant requested is expected to be used)	Amount Requested from PCC	Total Cost
ADDITIONAL FUNDING FOR LORD MAYOR'S	£ 115-00	£
RECEPTION AND DINNER AT GUILDHALL	£	£
	£	£
	£	£
	£	£
Total Cost of Project	£ 115-00	£

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.

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.....

Sign

X

Date 24 SEPTEMBER 2014

For

Date

Grant approved Yes/No

Date.....