



HASLEMERE TOWN COUNCIL

Grant Application Form

CONTACT DETAILS

Name of Organisation	THE HUNTER CENTRE
Contact Name	ELAINE CLEMENT
Position in Organisation	OPERATIONS MANAGER
Address	MARJORIE GRAY HALL GRAYSWOOD ROAD
Telephone	01428 654710
Email	manager@thehuntercentre.co.uk

PROJECT DETAILS

Name of Project	Virtual Dementia Tour Bus
What aspect of the project will grant money be used for. Please be as specific as possible.	Hire of Bus for the day.
What benefits for the Haslemere community do you expect will result from the project?	Dementia Awareness
Scheduled project start and finish date	15 th May, 2020

FUNDING DETAILS

Total estimated cost of the project	£1,000.00
Amount of grant requested from the Town Council	£1,000.00
Have you or will you be applying to other bodies for financial assistance? If yes please state: To whom applied Amount(s) applied for Amount(s) received	Yes / <input checked="" type="radio"/> No
Have you received a grant from the Town Council before? If so for how much and for what purpose?	Yes £1,000.00 Marketing.
What fundraising activities will your organisation be doing to fund this project?	>

ORGANISATION DETAILS

Is your organisation a Registered charity or trust? (If yes please provide Registration Number)	<input checked="" type="radio"/> Yes <input type="radio"/> No Registration Number: 1173587
Is it affiliated to a National Body? If yes please specify.	Yes <input checked="" type="radio"/> No
What are the aims and objectives of the organisation?	To Support those living with Dementia.
What is the geographical area covered by your organisation?	Southwest Surrey.
Bank account to which payment should be made This must be in the name of your organisation. Payments cannot be made to individuals.	

VALIDITY CHECKLIST

For your project to be considered you must be able to confirm the following statements:

Criteria	Tick to confirm
The project is of benefit to residents of the Council's electoral area	<input checked="" type="checkbox"/>
You hold a bank account in the name of the organisation applying, not an individual	<input checked="" type="checkbox"/>
This application is accompanied by either the latest audited financial report or, where this does not exist, a forecast budget of income and expenditure relating to the grant application.	
You consent to acknowledge HTC's contribution in your marketing / promotional material	<input checked="" type="checkbox"/>
The grant is not for a project already completed	<input checked="" type="checkbox"/>
The grant is not to contribute to a surplus for charitable distribution or to increase your organisation's reserves	<input checked="" type="checkbox"/>

DECLARATION

In submitting this application on behalf of the stated organisation I certify that all statements made or enclosed to be true. This application and all supporting information may be made publically available	Signed: Print name: E CLEMENT Capacity in which signed: OPS MANAGER
Date 14/2/20	