



**COMHAIRLE CATHRACH CHORCAÍ  
CORK CITY COUNCIL**

Tel. (021) 4924037

Fax. (021) 4314238

***TWINNING GRANT APPLICATION FORM 2012***

All Twinning Grant Application Forms must be completed and returned to the Reception Desk, Cork City Council, City Hall, Cork, or posted to International Relations Section, Corporate Affairs, Cork City Council, City Hall, Cork no later than **5.00 p.m. on Friday 2<sup>nd</sup> March, 2012.**

Name of Twinned City Links Are To Be Developed With : .....

Name of Organisation/Group/Individual :

.....

Name of Organiser : .....

Contact Address : .....

.....

.....

Contact Telephone No.: .....

Objective of Organisation/Group/Individual: .....

.....

.....

Membership of Organisation/Group

(Age, Nos., etc.) : .....

.....

Activities of Organisation/Group :.....

.....

Detailed Description of the Proposed Activity :.....

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Dates of the Proposed Activity :.....

.....

Number taking part in Proposed Activity: .....

.....

Description of any previous experience of Twinning Activities: .....

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**Financial Projection of Proposed Twinning Event :**

**ORGANISATION/RECEPTION/TRAVEL COSTS**

<b>EXPENDITURE – HOST/GUEST GROUP</b>	<b>€</b>
<b>Programme/Organisation</b>	
<b>Accommodation</b>	
<b>Travel</b>	
<b>Other</b>	
<b>TOTAL EXPENDITURE</b>	

<b>INCOME – HOST/GUEST GROUP</b>	<b>€</b>
<b>Grant from Local/Regional Authority</b>	
<b>Grant from European Commission</b>	
<b>Contribution from Participants</b>	
<b>Other Revenue</b>	
<b>TOTAL INCOME</b>	

Name : .....

Signature :.....

(Organisation stamp)

Date : .....

