DARRAN VALLEY COMMUNITY COUNCIL

**APPLICATION FOR GRANT AID / FINANCIAL ASSISTANCE**

If you experience difficulty in completing this form, please do not hesitate to request guidance from either your local Community Councillor or the Clerk to the Council. Mrs Amanda Pallister

Clerk to the Council / Clerc Y Cyngor

Completed forms should be returned to The Clerk to the Council

Amanda Pallister at 84 Ffordd y Draen, Parc Derwen, Coity, Bridgend, CF35 6DQ or e-mail it to Darranvalleycc@outlook.com – telephone: 07891627754

Please note. Applications without a latest accounts balance sheet will not be considered.

Please note failure to complete any section of the form will result in a grant not being issued.

The Council reserve the right to refuse an application for Financial Assistance.

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| Name of Organisation |  |
| Lead Name  |  |
| Position within the Organisation |  |
| Address (Organisation) |  |
| Telephone / Email |  |
| Address (Correspondence. If different to the above) |  |

Please state Objectives of Organisation.

If a national / regional organisation, please state involvement within the Community Council area.

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| --- | --- |
| How many Members to you have under 16 years of age?  |  |
| Please state the percentage that reside within the Community Council area |  **%** |
| How many Members to you have over 16 years of age?  |  |
| Please state the percentage that reside within the Community Council area |  **%** |
| How many Members to you have over 65 years of age?  |  |
| Please state the percentage that reside within the Community Council area |  **%** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your Organisation have its own Premises? | Yes |  | No |  |
| Is your Organisation newly formed? | Yes |  | No |  |
| State whether owned or rented:­ |
| If rented, state for what period:­ |
| If owned, state whether land is Freehold or Leasehold: |
| If Leasehold, state period of the Lease: |

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| What is your Membership Subscription? |
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| Please explain, in detail, the purpose for which Financial Assistance is sought. |
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| From May 2023 Grant has increased to  | £150 |

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| What if any fund raising activities do you perform on your own behalf? |
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| --- | --- | --- | --- | --- |
| Have you received Financial Assistance from any other source this year? | Yes |  | No |  |
| If the answer is YES, please give details |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you applied for Financial Assistance from any other source this year and been refused or not received a reply to date? | Yes |  | No |  |
| If the answer is YES, please give details |

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| If you have any additional information to support your application, please state here |
| Please add your business banking account name, number and sort code:  |

Please enclose a copy of your Organisations INCOME AND EXPENDITURE STATEMENT

ACCOUNT for the last Financial Year to 31st March 2023

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