

gelligaercommunitycouncil

Application for 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. COMPLETED FORMS should be returned to The Clerk to the Council, Gelligaer Community Council, Llwyn Onn, Penpedairheol, Hengoed, CF82 8BB - Tel: 01443 821322 / 821607.

- Please note failure to complete any section of the form will result in a grant not being issued.
- The Council reserves the right to refuse an application for Financial Assistance.

1 Name/Organisation: _____
Address: _____
Telephone No: _____

2 Name of Contact Person: _____
Position: _____
Address (if different from above): _____
Telephone No: _____

3 Please state Objectives of Organisation: _____

4 If a National Organisation, please state involvement within the Community of Gelligaer, if any.
(For your information, the Community of Gelligaer covers Ystrad Mynach, Hengoed, Cefn Hengoed, Tir-y-berth, Glan-y-nant, Penpedairheol/Cascade, Penybryn & Gelligaer)

5 a. How many Members do you have under 16 years of age? _____ Members
Please state the percentage that reside within the Community of Gelligaer. _____ %
b. How many Members do you have over 16 years of age? _____ Members
Please state the percentage that reside within the Community of Gelligaer. _____ %

6 Does your Organisation have it's own Premises? YES / NO [*Please delete as applicable]
If Yes a. is it *owned / rented? b. If rented, for what period _____
c. is it *Freehold / Leasehold? d. if Leasehold, for what period _____

FOR OFFICE USE ONLY

Application Received & Acknowledged: _____ / _____ / _____ Amount Granted: £ _____ / Refused
Minute No: _____ Date Grant Forwarded: _____
Cheque No: _____
Ref No: _____

7 What is your Membership Subscription £

8 a. Please explain, in detail, the purpose for which Financial Assistance is sought.
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b. What fund raising activities do you perform on your own behalf:

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c. Have you received Financial Assistant from any other sources this year? YES / NO [*Please delete as applicable]
If Yes, please give details:

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d. Have you applied for Financial Assistance from any other source this year and have been refused or not received a reply to date? *YES / NO [*Please delete as applicable] If Yes, please give details:

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e. How much Finance has been raised for this purpose to date? £

f. If you have any additional information to support your application, please state here:

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9 Please complete the Income and Expenditure figures for your Organisation for the last Financial Year. Alternatively, you may provide a copy of your own Statement of Accounts for the last Financial Year. However, there MUST be TWO SIGNATORIES on this form.

Income & Expenditure Account for the Financial Year ended 31 March, 20

Income	£	Expenditure	£
Surplus b/f from previous year	.....	Deficit c/f from previous year	.....
Total Membership Subscriptions	.....	Rent	.....
Other Income	.....	Rates	.....
.....	.....	Heating/Lighting	.....
.....	.....	Other expenditure	.....
Investment Income	.....	.....	.....
*Deficit c/f to next year	.....	*Surplus c/f to next year	.....

* **Note:** the Deficit c/f to next year and the Surplus c/f to next year, figures should be the same.

Please list individually and include all Donations/Grants.

WE CERTIFY THAT THE DETAILS GIVEN ABOVE, OR ATTACHED, ARE CORRECT.

Signed: Signed: Date

Position: Position: