Council Offices, Newport Road, Bedwas, Caerphilly. CF83 8YB

Tel: (029) 2088 5734 E-mail: clerk@btmcc.co.uk

Clerk to the Council – Marcia Jones

Bedwas, Trethomas & Machen Community Council



**APPLICATION FOR FINANCIAL ASSISTANCE 2020-2021**

The Councils preference is to support grant applications which have a particular impact within, or benefit for, the communities of Bedwas, Trethomas and Machen areas. The Council is unable to make grants to individuals or companies.

**APPLYING ORGANISATION / CLUB**

|  |  |
| --- | --- |
| Name of Organisation or Club  |  |
| Name of Contact Person |  |
| Role within the Organisation |  |
| Address of Contact Person |  |
| Email Address |  |
| Contact Telephone Number |  |

**APPLICATION DETAILS**

|  |  |
| --- | --- |
| 1. Amount of Grant Applied For
 |  |
| 1. Please give a full explanation as to what the grant will be used for.

**Please attach quotations if necessary to support your request** |
| 1. How will this grant contribute towards the aims / purpose of your organisation/club?
 |
| 1. Please provide information on the financial position of your organisation/club and summarise the expenditure and income which you have to meet as an organisation/club

**Please attach to your application a current bank statement or statement of accounts for your organisation**Statement Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Balance £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **INCOME** | **£** | **EXPENDITURE** | **£** |
|  |  |  |  |
| 1. Have you applied to or secured any other funding to assist with this particular expenditure ? If so please advise who and how much ?
 |
| 1. Have you previously sought funding from the Community Council? If yes, please advise when this was and for what purpose.
 |
| 1. How will this grant help your organisation to support people who live in, work in, visit and or use the facilities in the BTM Area. (Please be as clear as you can in responding to this question, and include an indication of numbers if this is relevant)
 |
| 1. Please detail any further information in support of your application. (You are welcome to append leaflets or other documents that may assist the Council in understanding your answers to the above questions)
 |
| 1. Please list individually and include all donations / grants received
 |

**We certify that the details give above, or attached, are correct.**

|  |  |  |
| --- | --- | --- |
| **To be Included :**  | **Copy of Current Bank Statement** |  |
| **FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE CLAIM BEING DELAYED AND MAYBE REJECTED** | **Most recent Statement of Accounts** |  |
| **Quotations relevant to the Project (If applicable)** |  |
| **Other Information in Support of the Grant (if applicable)** |  |

**I/We declare that the information provided in this application is correct to the best of my/our knowledge**

|  |  |
| --- | --- |
| Signed | Signed |
| Position | Position |
| Date | Date  |

Applications are considered by the Council on a monthly basis. Successful applicants will receive grants 4+ weeks after the awarding Council meeting by cheque made payable to the approved name of the Club / Organisation.

**Please return your application form by post to**: Marcia Jones, Clerk to BTM Community Council, Council Offices, Newport Road, Bedwas, Caerphilly, CF83 8YB

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Application Received;  |  |
| Checked; |  |
| Meeting Date; |  |
| Minute No; |  |
| Chq No; |  |
| Ack Recd; |  |