Cyngor Cymuned Cwmllynfell Community Council

**Grant Application Form**

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| **1. Contact Details** | |
| Name of group/organisation |  |
| Contact name |  |
| Position within the organisation |  |
| Contact address |  |
| Contact telephone number(s) |  |
| Contact email address |  |

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| --- | --- |
| **2. About your organisation** | |
| Give a brief description of what your organisation does and its aims |  |

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| **3. Why you want a grant** | |
| Description of project for which this application is being made showing the direct benefit to the residents of the community of Cwmllynfell |  |
| What is the total cost of this project? Please provide details of how this figure is made up. | £ |
| **Amount of grant aid applied for** | **£** |
| Have you applied, been promised or received grants or donations from any other sources for this project?  If so state the sources and how much you have received and/or applied for | **Yes/No** |
| Number of members in your group or organisation |  |
| Number of members resident in the community of Cwmllynfell |  |

# Please complete the following declaration

I declare that the information given is correct and agree to adhere to the conditions laid out in the Council’s Grants Policy

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Date |  |
| Position in organisation |  |

If the person signing this form is under 18, an adult member of your organisation must countersign it:

|  |  |
| --- | --- |
| Signature |  |
| Print name |  |
| Date |  |

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| --- | --- |
| Please return the completed form and supporting documents to: | The Clerk  Cwmllynfell Community Council  26 Ffordd Yr Hebog  Coity  Bridgend  CF35 6DH  cwmllynfellcc@gmail.com |