



Gwernyfed Community Council Small Grants Form

1.1 Name of Organisation:

1.2 Address of Organisation:

Postcode:

1.3 First Contact Person:

Second Contact Person:

Position:

Position:

Tel. no:

Tel. no:

Email:

Email:

About your Organisation

1.4 What does your organisation do? Please give as much detail as possible about what your organisation does including your aims & objectives & how it achieves these aims & objectives.

1.5 When was your organisation established?

1.6 (a) Do you have a constitution or similar document?		Yes/No	
(b) Do you have a Bank Account in the name of the organisation?		Yes/No	
(Please delete as appropriate)			
<p><i>A constitution is a governing document which states what your organisation does and how to achieve it. If you do not have a constitution or similar document, you will NOT be eligible for this grant scheme. If you have a query, please contact the Clerk, email: clerk@gwernyfed.co.uk</i></p>			
1.7 Which of the following best describes your organisation's work/services? (Please tick all those applicable)			
Recreational		Cultural	
Educational		Services for Children/Young People	
Health & Wellbeing		Services for People 50+	
Environmental		Work with Disadvantaged People	
Energy Efficiency		Other (please state)	
Work with people with disabilities			

Your Organisation's Finances

1.8 Please provide the following information:
(a) Total income in the last financial year
(b) Total expenditure in last financial year
(c) Current savings balance or unallocated funds
If amount (c) is more than £5,000.00 (five thousand pounds), please explain:

Your Organisation's Financial Details

1.9 Please give details of your organisation's bank account:	
Full Name of the Account:	
Sort code:	Account number:
1.10 Please give the names and position held in your organisation of two of the bank signatories* on your organisation's bank / building society account:	
1. Full Name:	
Position held:	

2. Full Name:

Position held:

*Single signatory mandates will be approved but there must be at least 2 signatories and all signatories must have access to online banking facilities

The Project you wish to fund & how it addresses/meets the objectives

2.1 Please describe the project for which you request the grant & its location.

(Your answer should describe which activity/ies you need a grant for & how the funding will help deliver the aims & objectives of the project)

2.2 How have you identified the need for the project?

(Please state if there are any similar organisations in Gwernyfed & how your work/service delivery differs from theirs.)

2.3 What genuine long-term community benefit do you anticipate as a result of the grant being made? What do you hope to see as a result of the grant being made? Describe who in the community will work with you. Describe the purpose of this project.
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2.4 Timescale of the Project

Start Date:

End Date:

2.5 How will you measure the progress & success of the project?

Project Costs

3.1 Please provide a breakdown of the total cost of this project as stated in the table below:

Item	Amount £/p (Exclusive of VAT)	Part of grant claim?
Total (Net of VAT)		
VAT payable on above Total		
Total cost of the Project		

3.2 Can your organisation recover/claim VAT back from HMRC? Yes/No
(delete as applicable)

If yes, please provide your VAT Registration Number:

(Please note: If your organisation is able to reclaim VAT on the project, the grant scheme will only advance the net figure for the project).

3.3 How much are you asking for?	£
How much have you raised elsewhere towards this project? (Please list funders / donors & amounts raised below)	£
	£
	£
Please list any other funders / donors to whom you have applied to for this project but have not yet received approval. Please also give amounts & the date of when the outcome will be known.	
	£
	£

3.4 Other information – please outline any other information you feel would strengthen your bid.

Declaration

- I/we am/are authorised to make this application on behalf of the organisation.
- I/we certify that to the best of my/our knowledge the information contained in this application is up to date & correct.
- If the information in the application changes in any way I/we will inform the Council immediately.
- I/we confirm that if the application is successful, the organisation agrees to the following conditions:
 - To use the grant only for the purpose stated in the offer letter
 - To repay the full amount advanced under this scheme if the project does not go ahead or is not completed.
 - If the grant is over £1000 to submit a written report within 28 (twenty-eight) days of the project completion.
 - To agree to take part in any publicity of the grant as/if required.

Name:	Position held in Organisation:
Signature:	Date:

Checklist

Please ensure you enclose the following or your application may not be considered:

- A copy of your organisation's constitution (only applicable if this is your first application to this scheme).
- A copy of your last accounts (audited or examined) Note: If you are a newly formed organisation and do not have audited accounts please submit a detailed business plan
- A copy of your constitution that includes appropriate policies

IMPORTANT

Please ensure that every question has been answered, as incomplete application forms may not be considered and will be returned to you.

Please complete this as fully as possible. If you do not have the information or do not wish to give information on any part of this form, please note that appropriately. Should you require help with this form, for example, understanding what documents are required, please note that Council members are happy to provide help.

If you need additional space to complete your application please use additional pages of A4 paper that are clearly identified with the name of your organisation and the question being answered.

Please return this application to:

**The Clerk
Sue Thomas
Pentwyn
Libanus
Powys
LD3 8NH
clerk@gwernyfed.co.uk
07989420733**