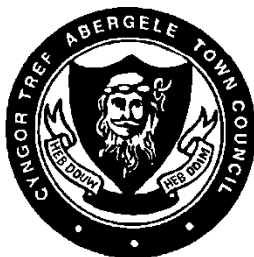


Cyngor Tref Abergele Town Council

Mrs Mandy Evans
Clerc y Dref a Swyddog Cyllid



Mrs Mandy Evans
Town Clerk & Finance Officer
Town Hall
Llanddulas Road
Abergele
Conwy
LL22 7BT

Ein Cyf /Our Ref: ME/LW

Tel: 01845 833242

Eich Cyf / Your Ref :

Fax: 01845 833780

info@abergele-towncouncil.co.uk

GRANT APPLICATION 2020

Guidelines

Applications are invited annually from Voluntary Groups, Community Groups or Charities operating in the Abergele area.

ALL APPLICATIONS must be accompanied by the following:

For applications under £1000

- Copy of latest available Statement of Accounts
- Covering letter on headed paper
- Copy of latest bank statement

For applications over £1000

- Copy of latest available Audited Accounts
- Covering letter on headed paper
- Copy of latest bank statement

Completed applications should be submitted to:-

The Town Clerk
Abergele Town Council
Town Hall
Llanddulas Road
ABERGELE.
LL22 7BT

Grant applications for 2020/21 must be received by 31st October 2019

Please note that applications submitted without the relevant documents as listed above will not be considered.

(Applications of an urgent nature may, at the Council's discretion, be considered at an earlier meeting of the Policy & Finance Committee)

In line with data protection regulations, this office processes personal data for grant application purposes under the lawful basis of 'Public Task'. In instances where this lawful basis is not sufficient and explicit consent is required, a member of the office will get in touch with you to establish your consent.

Cyngor Tref Abergele Town Council

Application for Grant Funding 2020

Details about your organisation / group

Name of Organisation / Group:

Name of Secretary:.....

Address:.....

.....Post Code:

Tel: E-mail address:.....

Name of Treasurer:

Address:

..... Post Code:

Tel: E-mail address:.....

Organisation/ Group bank details (Please print in CAPS)

Name of bank.....

Name of bank account.....

Account number.....Sort code.....

What are the main aims / objectives of your organisation?

.....
.....
.....
.....
.....

Where and when does your organisation meet? (if applicable)

.....
.....
.....

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Cyngor Tref Abergele Town Council

Project / Activity Details

How much money are you applying for? £.....

For what purpose? (please continue on a separate sheet, if required)

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Please provide a breakdown of the estimated total costs of the project/activity/event:

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Please provide details of any other sources of income to be used towards this project/activity/event:

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Cyngor Tref Abergele Town Council

Approximately how many people from the Abergele area will benefit from this project/activity/event?

Has your Organisation / Group received a grant from this Council previously?

YES /NO If YES, please provide details:

.....
Please provide any other information that you would wish the Council to take into account when considering this application:

.....
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.....
.....

Statement (to be completed by the Chairman/Secretary/Treasurer of the Organisation)

I confirm that all the information on this form is true and correct and that any grant received will be used for the specified purpose(s) only.

I confirm that I have enclosed a copy of the following documentation to support this application (if not, please state reason below):

- Copy of latest Audited or Statement of accounts Y / N (whichever is applicable)
- Copy of latest bank statement Y / N
- Covering letter on headed notepaper Y / N

Name: Position:

Signature: Date: