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**ABER VALLEY COMMUNITY COUNCIL**  
**CYNGOR CYMUNED CWMABER**

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**APPLICATION FOR FINANCIAL ASSISTANCE**

COMPLETED FORMS should be returned to: Clerk: Sharon Hughes  
Council Office  
Abertridwr Library  
Aberfawr Road  
Abertridwr  
Caerphilly  
CF83 4EJ

Telephone: 029 20832061  
E-mail: [abervalleycc@caerphilly.gov.uk](mailto:abervalleycc@caerphilly.gov.uk)

<b>NAME &amp; ADDRESS OF ORGANISATION:</b>	
<b>NAME &amp; ADDRESS OF CONTACT PERSON:</b> (if different from above)	
<b>TELEPHONE NUMBER(S):</b>	
<b>POSITION WITHIN ORGANISATION:</b>	

1. Objectives of Organisation:	
2. State your involvement within the Aber Valley area:	
3. How many members do you have under 16 years of age?  How many reside within the Aber Valley?	
4. How many members do you have over 16 years of age?  How many reside within the Aber Valley?	
5. Does your Organisation have its own premises:	YES / NO
6. What is your Membership Subscription?	

7.	Purpose for which Financial Assistance is sought:
8.	Have you received financial assistance from this Community Council previously? If YES, how much and when:
9.	Have you received financial assistance from any other source this year? If YES, please give details:
10.	Have you applied for financial assistance from any other source this year and have been refused or not received a reply to date? If YES, please give details:
11.	List all donations, grants and investments received during the last financial year:
12.	What fund raising do you carry out on your own behalf?
13.	Please include any further relevant information in support of this application: (use additional sheets if necessary)
14.	<b>Please submit a certified copy of your latest audited balance sheet showing ALL items of income and expenditure.</b>

- Please note failure to complete any section of the form will result in financial assistance being refused.
- Applications are considered by the Community Council twice a year (January and July).
- Aber Valley Community Council reserves the right to refuse an application for Financial Assistance.

**I certify that the details given above or attached are correct:**

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Application Received:	___/___/___
	Amount Granted:	£_____ / Refused
	Cheque No:	

