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GELLIGAER COMMUNITY COUNCIL
CYNGOR CYMUNED GELLI-GAER



APPLICATION FOR FINANCIAL ASSISTANCE

- *If you require assistance to complete this form, please do not hesitate in contacting the Clerk on 01443 822863 / 07933 725094 or your local community councillor.*
- **COMPLETED FORMS should be returned to:** Clerk to the Council, Gelligaer Community Council, Council Office, Llwyn Onn, Penpedairheol, Hengoed, CF82 8BB
- *Please note failure to complete any section of the form will result in a grant not being issued.*
- *New organisations, that we have not previously supported will need to meet the attached criteria*
- *Newly formed clubs will also need to provide a copy of their constitution and bank statement*
- *Gelligaer Community Council reserves the right to refuse an application for financial assistance.*

Your application form may appear on our website,

please tick the box if you DO NOT want your details made public:

1 **Organisation/Club name** _____

Address _____

_____ Telephone No _____

Email Address: _____ Web site Address: _____

2 **Name of contact person** _____ **Position** _____

Address (if different from above) _____

_____ Telephone No _____

Email Address (if different from above): _____

3 Please state objectives of organisation/club _____

4 If a national organisation, please state involvement within the community of Gelligaer, if any.

For your information, the community of Gelligaer covers: Cascade/ Penpedairheol, Gelligaer, Cefn Hengoed, Hengoed, Penybryn, Tiryberth/Glanynant & Ystrad Mynach

5 a How many members do you have **under 16 years of age?** _____ Members
Please state how many reside within the community of Gelligaer: _____

b How many members do you have **over 16 years of age?** _____ Members
Please state how many reside within the community of Gelligaer: _____

6 Does your organisation have its own premises? *Yes/No [*Please delete as applicable]

If Yes: A) is it *owned/rented? B) If rented, for what period _____

C) Is it *freehold/leasehold? D) If leasehold, for what period _____

7 What is your membership subscription £ _____

8 a Please explain, in detail, the purpose for which financial assistance is sought

b What fund raising activities do you perform on your own behalf

c Have you received financial assistance from any other sources this year?

*Yes/No

If yes, please give details _____

d Have you applied for financial assistance from any other source this year and have been refused or not received a reply to date? *YES/NO

If yes, please give details _____

e How much finance has been raised for this purpose to date? £ _____

f If you have any additional information to support your application, please state here

9 Please complete the income and expenditure figures for your organisation for the last financial year. Alternatively, you may provide a copy of your own statement of accounts. **There MUST be TWO SIGNATORIES on this form (below) and on any additional paperwork relating to your accounts.**

Income & Expenditure Account for the Financial Year ended 31 March, 20 ____			
Income	£	Expenditure	£
Surplus b/f from previous year		Deficit b/f from previous year	
Total Membership Subscriptions		Rent	
Other Income (list individually)		Rates	
		Heating/lighting	
		Other expenditure	
Investment Income			
Deficit c/f to Next Year		Surplus c/f to Next Year	
	#	[These figures should be the same]	#

WE CERTIFY THAT THE DETAILS GIVEN ABOVE, AND ATTACHED, ARE CORRECT.

Secretary	Treasurer	Date