CYNGOR CYMUNED LLANBADARN FAWR COMMUNITY COUNCIL APPLICATION FOR GRANT

Please note: A full copy of the latest audited accounts must accompany the application.

1 Name of organisation making application:

2. Details of person making application: Name (Mr.Mrs.Ms)…………………………………………………………..

Address…………………………………………………………………………………………………………………………………………..

Official Position………………………………………………………………

Contact telephone number…………………………………………………….

3 Aims and objectives of Organisation:

4. Purpose for making grant application (e.g. running costs, one off project etc) (Please supply details of costs and how it is proposed to fund one off projects)

5. Financial Details Annual Expenditure £……………………

Annual Income £……………………

Balances held. Current Account £………………..

Deposit Account £……………..

Building Society Account £………………

Investments…………………

Other (Give Details) £……………. (If balances are committed or earmarked for any specific purpose please give details)

6 Describe how you intend to reflect the linguistic nature of the community and your audience in your activities I confirm that, to my best knowledge and belief all the information in this application form is true and correct.

Signed……………………………………… Date………………………......

The completed application form and audited accounts should be returned to: The Clerk, Llanbadarn Fawr Community Council, Fronfelen Farm, Chancery, Aberystwyth, Ceredigion SY23 4DF

Telephone 07531972045

Email: clercllanbadarn@gmail.com