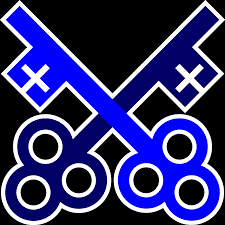
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Peterston super Ely Community Council

**APPLICATION FOR COMMUNITY GRANT AID**

If you experience difficulty in completing this form, please contact the Clerk to the Council

|  |
| --- |
| Completed forms should be returned to Catherine Craven, the Clerk to the Council:  c/o 11 Lilac Drive, Llantwit Fardre, Pontypridd, CF38 2PH  Mobile: 07380137056 Email: [council@peterstonsuperely.org](mailto:council@peterstonsuperely.org) |

|  |  |
| --- | --- |
| Name of Organisation |  |
| Lead Name |  |
| Position |  |
| Address (Organisation) |  |
| Telephone / Email |  |
| Correspondence Address (If different to the above) |  |

**Aims of your organisation?** Tell us what your group does.

If a national / regional organisation, please state involvement within Peterston super Ely.

|  |  |
| --- | --- |
| **Type of organisation?**  (Tick as applicable) | Charity (*please provide charity number*)  Voluntary Community Group  Youth Group  Other *(please specify)* |

\*\* **Please enclose a copy of your organisation’s constitution, or rules, or terms of reference, with this**

**application.**

**What project do you want us to fund?**

**Need for the project?**

**Aims of the project**

**Activities**

**Beneficiaries and Outcomes** – who benefits and how?

**Timescale**

Remember to complete the Monitoring Form when your project is completed.

**Who will carry out the project?**

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

**Project Budget**

|  |  |
| --- | --- |
| **Expenditure items** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |
| **Income and Grants** |  |
| Funding requested from PSE Community Council |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

|  |  |
| --- | --- |
| Have you applied for Financial Assistance from any other source for this project? | Yes No |
| If the answer is YES, please give details | |

|  |
| --- |
| **Bank Details:**  Account name:  Account number:  Sort code: |

\*\* **Please enclose with this application a copy of your annual accounts for the last financial year.**

I declare that the information given is correct and agree to adhere to the conditions laid out in the Council’s Grants Policy

|  |  |
| --- | --- |
| Name: |  |
| Position in organisation: |  |
| Signature: |  |
| Date: |  |

**All applications will be acknowledge as received. If you do not receive acknowledgement please contact**

**the Clerk, as above.**

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