



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 the Clerk to the Council,
c/o The Granary, Pendoylan Road, Groesfaen, CF72 8NF
Mobile: 07380137056 Email: 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)	<i>Charity (please provide charity number)</i> Voluntary Community Group Youth Group <i>Other (please specify)</i>
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**** 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?	
If the answer is YES, please give details	

Bank Details: Account name: Account number: Sort code:
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**** 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.