



**ABERGAVENTNY TOWN COUNCIL
COMMUNITY SMALL GRANT SCHEME
APPLICATION FORM 2021/22**

This application form is to be used to submit an application to Abergavenny Town Council Community Small Grant Scheme. Please read the guidance notes carefully before completing the form.

Completed forms to be returned to Clerk@abergavennytowncouncil.gov.uk or by post to Town Clerk, Town Hall, Cross Street, Abergavenny, NP7 5HD.

Section 1 – Contact information

a. Group Name **Eisteddfod 4 Fenni / Abergavenny Eisteddfod.**

b. Contact Name **Rosemary Williams**
c. Contact Address **7, Cwrt Newydd**
Crickhowell
Postcode **NP8 1AQ**

d. Contact email **dauidwilliams177@btinternet.com**

e. Position in Group **Chairperson.**

f. Contact tel no **01873 811814 . 07929609689.**

g. Bank Account Details Name of your organisation's bank account
BARCLAYS BANK, ABERGAVENTNY BRANCH.

Section 2 – Tell Us About Your Group

a. Briefly tells us about the activities that your organisation/group undertakes

Abergavenny Eisteddfod has promoted youth development in Music, Art literature and photography for the past 30 years. It gives young people of all local schools in Abergavenny and others the opportunity to show their talents in these areas and to further their confidence to carry on with their success.

b. Charity Details (if applicable) Charity Number
1094391

Section 3. Tell Us About The Community Project/Activity You Want To Undertake

a. Which objective does this project mainly contribute towards (please tick one):

| | |
|--|-------------------------------------|
| Giving Children and Young People the best possible start in life | <input checked="" type="checkbox"/> |
| Support for community wellbeing inc. volunteering and active citizenship | <input type="checkbox"/> |
| Supporting an economically thriving community | <input checked="" type="checkbox"/> |
| Protecting and enhancing our natural environment | <input type="checkbox"/> |

b. Please give more detail on how your project will meet the objective you selected above.

It will give young people the opportunity to show their talents in the Arts & Literature. Giving them an opportunity outside their school day to compete. Give them confidence.

| |
|---|
| c. Total Project Cost |
| d. How much are you applying for from Abergavenny Town Council? £1000 |
| e. Have you raised the balance of funds? (25% of the total project costs should come from other sources) |

f. Please specify how you will use the Town Council grant?

The money will be used to present all winners with a certificate and prize money.

g. How will your project benefit the community of Abergavenny?

It will give young people of Abergavenny and areas around, the opportunity to show their talents and use this to encourage them to develop their skills locally and for their future in different ways.

| | |
|--|---|
| h. If your project involves working with young people does your organisation have a safeguarding policy? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|--|---|

i. When will your project start and finish?

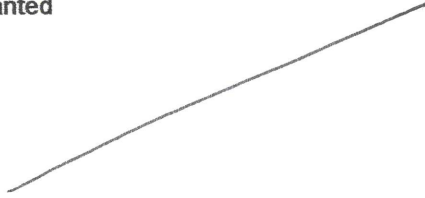
| |
|-----------------|
| Start date |
| Completion date |

March
May

2022
2022

} This is an annual event.

j. Are there any outstanding permissions i.e. planning permission required before this project can start? If so, please list together with expected dates when permission will be granted



Section 4

This application is to be signed by a person holding a position in the organisation applying for the grant. Before submitting the application please ensure that you have all the additional information as set out in the guidance.

| |
|------------------------------|
| Signed |
| On behalf of (name of group) |
| Date |

RWilliams

Fisteddfod Y Fenni / Abergawenny Fisteddfod

14/2/22