

ABERGAVENNY TOWN COUNCIL COMMUNITY SMALL GRANT SCHEME APPLICATION FORM 2023/24

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 <u>Clerk@abergavennytowncouncil.gov.uk</u> or by post to Town Clerk, Town Hall, Cross Street, Abergavenny, NP7 5HD.

Section 1 - Contact information

a. Group Name	Abergavenny Eisteddfod Y Fenni.		
b. Contact Name	Rosemany Williams		
c. Contact Address			
	Postcode XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	·		
d. Contact email	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
e. Position in Group	Chaimperson.		

1. Contact terrio	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
g. Bank Account	Name of your organisation's bank account		
Details	Barclays Bank. Abergavenny.		
Section 2 – Tell Us About Your Group			
a. Briefly tells us abo	out the activities that your organisation/group undertakes		
Abergalerm	y Eisteddfod promotes youth development		
in Music.	Art and hiterature as well as		
photography	Art and hiterature as well as 1. This has been ongoing for the past		
30 years I	t gives the opportunity to show their		
talents an	d further their confidence to		
Ceuvna on	t gives the opportunity to show their d further their confidence to with their success.		
h Charity Dataile	Charity Number		
b. Charity Details (if applicable)	Charity Number		
c.VAT Registered?	Yes/No		
Section 3. Tell Us A Undertake	bout The Community Project/Activity You Want To		
a. Which objective	does this project mainly contribute towards (please tick one):		
Giving Children and Young People the best possible start in life			
	WATER ARTSON CONTROL TO A STATE OF THE STATE		

f. Contact tel no

Support for community wellbeing inc. volunteering an	d active citizenship			
Supporting an economically thriving community				
Protecting and enhancing our natural environment				
b. Please give more detail on how your project will m above.	-			
Professional adjudicators will be us	ied, and will provide			
written adjudications for their pers	formances, which			
Professional adjudicators will be us unlitten adjudications for their personal will be a way forward to enhan	ice their future.			
c. Total Project Cost	£2,000			
d. How much are you applying for from Abergavenny Town Council?	£1,000			
e. Have you raised the balance of funds?	Jes.			
(25% of the total project costs should come from other sources)				
f. Please specify how you will use the Town Council	grant?			
The town Council growt	will be used			
to present all winners with a Medal				
and prize money.				

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

It will the young People of Abergoverny and areas around the opportunity to show their talents and enepurage their confriduce and well being. The opportunity to develop their akills 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	No

i. When will your project start and finish?

Start date

Completion date

March 22nd '24 Annual April 20th '24 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. Abergavenny Eistedafod Y Fenni.

12.2.24.