



COMMUNITY GRANT SCHEME APPLICATION FORM

This application form is to be used to submit an application to Abergavenny Town Council Community 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 Abergavenny Town Council, Town Hall, Cross Street, Abergavenny, NP7 5HD.

SECTION 1 - CONTACT INFORMATION

Group Name:

Contact Name:

Contact Address:

Postcode:

Contact Email:

Position in Group:

Contact Tel No:

Are you a constituted group holding annual AGMs?

SECTION 2 - TELL US ABOUT YOUR GROUP

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

Charity Details
(if applicable)

Charity Number

VAT Registered?

Yes/No

What Well-being of Future Generations Act Deliverable/s would the grant contribute towards (please tick at least one of the below)

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of more cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales
- Environment Act

SECTION 3 - TELL US ABOUT THE COMMUNITY PROJECT/ ACTIVITY YOU WANT TO UNDERTAKE

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

Total Project Cost:

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How much are you applying for:

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Have you raised the balance of funds?

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(25% of the total project costs are encouraged to come from alternative sources)

Please specify how you will use the Town Council grant?

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How will your project benefit the community of Abergavenny?

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If your project involves working with young people please provide us with a copy of your safeguarding policy. This is required for anyone under the age of 25 years.

When will your project start and finish?

Start Date:

Completion date:

Are there any outstanding permissions or agreements required before this project can start? If so, please list together with expected dates when these will be granted.

SECTION 4 - DECLARATION

If successful, please give details of the bank account the monies are to be paid into. Additionally, please provide a copy of your group/organisation's bank statement and group/organisation's constitution.

Bank Account Details:

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: