

Bedwas, Trethomas & Machen

Community Council

**APPLICATION FOR FINANCIAL ASSISTANCE**

Please refer to the Community Council’s Financial Assistance/Grant policy before completion of the application form

**APPLYING ORGANISATION / CLUB**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organisation or Club  (This must be the same as the name on your bank statement) |  | | | |
| Name of Contact Person |  | | | |
| Role within the Organisation |  | | | |
| Address of Contact Person |  | | | |
| Email Address |  | | | |
| Contact Telephone Number |  | | | |
| How long has your group been operating? | Less than 2 years? | Yes/No | If yes, when did it form? |  |

**APPLICATION DETAILS**

|  |  |  |
| --- | --- | --- |
| 1. Amount of Grant Applied For | | £ |
| 1. Please provide information on the financial position of your organisation/club   **Please attach to your application the latest bank statement (less than 3 months old) and the latest statement of accounts for your organisation**  Bank Statement Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Balance £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Statement of Accounts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Balance £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. Please give a full explanation and costings as to what the grant will be used for.   *Please attach quotations as necessary, to support your request* | | |
| 1. How will this grant contribute towards the aims / purpose of your organisation/club? | | |
| 1. Have you applied to, or intend to apply, or secured any other funding to assist with this particular expenditure? If so, please advise who and how much? | | |
| 1. Do you have membership fees/subscriptions for membership? If yes, please provide details | | |
| 1. Have you previously sought funding from the Community Council? If yes, please advise when this was and for what purpose. | | |
| 1. Please state how many of your residents in the BTM Community Council area will benefit from this grant | | |
| Under 18 years of age |  | |
| Over 18 years of age |  | |
| 1. How will this grant help your organisation to support people who live in, work in, visit and or use the facilities in the BTM Area. (Please be as clear as you can in responding to this question, and include an indication of numbers) | | |
| 1. What will you do if you get less funding than you asked for? Will all or part of the project still go ahead? Please tell us what could be achieved if you only receive part funding? (Continue on a separate sheet if necessary)) | | |

|  |  |
| --- | --- |
| **Please ensure you include the following:** | **Please tick to confirm** |
| Copy of Latest Bank Statement |  |
| Most recent Statement of Accounts |  |
| Quotations relevant to the Project (If applicable) |  |
| Other Information in Support of the Grant (if applicable) |  |
| **FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE CLAIM BEING DELAYED AND MAYBE REJECTED** | |
| **If your application is successful, payment will be made by BACS. Please include bank details below** | |
| **Bank Account Name: …………………………………………………………………………………………………………………**  **Sort Code: ……………………………………………………………..**  **Account Number: ………………………………………………….** | |

**I/We declare that the information provided in this application is correct to the best of my/our knowledge. I/We confirm that I am /we are an official representative(s) of the group/organisation and I am /we are authorised on behalf of the group/organisation to apply for funding. I/We acknowledge that if this is approved, no further grant will be awarded to this group/organisation in the current financial year**

**I/We understand that any grant awarded must be used for the specified purpose or returned to BTM CC**

|  |  |
| --- | --- |
| Signed | Signed |
| Print Name | Print Name |
| Position | Position |
| Date | Date |

**Please return your application form to**

Ann Butler, Clerk to BTM Community Council

**by post to** Council Offices, Newport Road, Bedwas, Caerphilly. CF83 8YB

**or** **email** to [clerk@btmcc.co.uk](mailto:clerk@vancc.co.uk)

**DATA PROTECTION**

BTM Community Council will be data controller for any personal data you provide as part of this application. When the application is reported to the Community Council the name and address of the contact person will not normally be published. However, the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by public bodies, including information that has not been published. Where financial assistance is approved your data will be kept for 7 years as part of the Community Council’s financial records.

Under data protection legislation you have the right:

* To access the personal data the Community Council holds on you
* To require us to rectify inaccuracies in that data
* To lodge a complaint with the Information Commissioner’s Office (ICO) who is the independent regulator for data protection

The contact details for the ICO Wales Regional Office:

*Information Commissioner’s Office, 2nd Floor, Churchill House, Churchill Way, Cardiff. CF10 2HH*

*Telephone:- 0330 414 6421 Email Address:- wales@ico.org.uk*

WHEN YOU CONTACT US the information you provide (personal information such as name, address, email address, phone number, organisation) will be processed and stored to enable us to contact you and respond to your correspondence, provide information and/or access our facilities and services. Your personal information will not be shared or provided to any other third party. Your information may however be published in the public domain if you require the Council to discuss the matter raised.

For further information please see our full Privacy Notice on our website: <http://www.BTMCC.co.uk>

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| **FOR OFFICE USE ONLY** | |
| Application Received |  |
| Verified |  |
| Council Meeting Date |  |
| Minute No |  |
| BACS transfer date |  |
| Power |  |
| Ack Received |  |