

Funding Request Form

Adopted: 14/05/2024 Amended: 11/6/2024

Please Complete this form with as much detail as possible. Please send the completed form and any supporting documents to the Council Clerk:

clerk.gccc@gmail.com

ON RECEIVING FUNDING:

If your application is successful you will be required to complete a small progress and evaluation form (attached) so that we can measure the impact of the council funding and see how the funding has been spent, ensuring that it is within our guidelines.

You will be required to produce invoices (made out in the name of Llansanffraid Glan Conwy Community Council) and/or original receipts against expenditure and this should conform as closely as possible to your approved budget submitted at time of application.

The budget may include a contingency, but this should not exceed 5% of the total application. If you have a project underspend, you will be required to return this to the community council and underspent funds CANNOT be used for non-budgeted items.

Retrospective funding applications will not be accepted.

NAME OF ORGANISATION: TYPE OF ORGANISATION (Please tick): Registered Charity (give charity number) Non-registered Charity Club or Society Other (describe) NAME AND ROLE OF MAIN CONTACT: **CONTACT DETAILS:** Postal Address: Contact Telephone Number: **Email Address:** Has the organisation received funding from Llansanffraid Glan Conwy Community Council in the past three years? If so, please complete the box below: Amount (£) **Date**

SECTION A: ABOUT YOU

Please give some details about what your organisation does, it's aims and ambitions etc.
How many people are involved in the organisation and approximately what percentage of them live in the Llansanffraid Glan Conwy area?
Are you a not-for-profit organisation?
How long has the organisation been established?
SECTION B - WHY YOU ARE APPLYING FOR FUNDING
What item or activity would you like the council to support? (If your application covers more than a single item or activity, please give a breakdown of expected costs, using the back page if needed)
How will your project benefit the community of Glan Conwy?
How many local residents do you anticipate will benefit from your project?
How does your project reflect the linguistic nature of the community and your audience?
Will the activity continue after this funding has ended?

SECTION C: HOW MUCH FUNDING IS BEING APPLIED FOR?

What is the total cost of the activity for which funding is required?
What is the amount the organisation would like to apply for?
What other sources of funding have been approached, or are available for the activity?
Have you or will you be seeking support from any other organisation for this project. If so, please provide the name of the organisation and the amount you have applied for?
Please note that the amount of financial support that the council can use to help local projects and organisations is limited. If you are looking for larger amounts, please contact Community and Voluntary Support Conwy (CSVC) who can advise on larger grants from other providers https://www.cvsc.org.uk/en/
Are you related to or have any personal or professional relationship with any member of the council? (Please note that answering either way does not affect your right to make an application nor make it more or less likely to succeed).
If your answer is Yes, please give details.
If your application is successful what is your organisation's time frame for using the funding (must be drawn down within 6 months of approval):
Start Date:
Completion Date:

SECTION D: DOCUMENTATION REQUIRED

Please supply	the following	information	dependent on a	grant applied for:
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Up to £250:

Organisation constitution or rules

Where possible, a quotation or comparative prices

Between £250 and £2000:

Organisation constitution or rules;

Income and expenditure account and balance sheet;

Is the organisation profit-making?

Latest bank statement;

VAT registration;

Where possible, three quotations and/or comparative prices for items the funding will be used for.

Over £2000:

As requested in B, plus

Latest audited/ratified accounts and balance sheet.

Three quotations.

SECTION E: PAYMENT DETAILS

If you	ır application	is successful	payment wi	ll be made	against	valid	receipts/invoices	using
the de	etails below:							

Account Name:

Account Sort Code:

Account number:

SECTION F: COMPLETING THE APPLICATION

Your signature	(must be the	main contact as	per Section A):
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Declaration:

I certify that the information contained in this application is correct to the best of my knowledge;

If the information changes in any way I will inform Llansanffraid Glan Conwy Community Council.

Signea:	Date
Signed.	Date

FROM SECTION B:

BREAKDOWN OF EXPECTED COSTS:

Item/Activity	Cost £
TOTAL	0