



APPLICATION FOR FINANCIAL ASSISTANCE FOR AN ORGANISATION

1. Name of Organisation:
2. Purpose of Organisation
3. No of Members – (please indicate how many live in the Pontypool area)
4. Reason for Application:
5. Please indicate if there is a Safeguarding policy in place if dealing with children, young People and vulnerable adults	Yes/No/Not applicable. (please delete as appropriate)
6. Please indicate if this is the first application and/or if this is a new organisation.	FIRST APPLICATION <input type="checkbox"/> NEW ORGANISATION <input type="checkbox"/>
7. Is the organisation a registered charity	Yes/No (Please delete as appropriate)
Please return completed form to include a current balance sheet or statement of accounts duly signed by the Treasurer and an independent person as specified in the criteria which is attached..	The Clerk Pontypool Community Council 35A Commercial Street, Pontypool, Torfaen, NP4 6JQ Tel: 01495 742805



GRANTS

CRITERIA FOR ORGANISATIONS OR GROUPS APPLYING FOR FINANCIAL ASSISTANCE

- 1. The organisation must be voluntary and not professional, business or commercial.**
- 2. The organisation must usually be based and operate substantially in the Pontypool area and majority of the members or persons for whom the organisation caters should reside in Pontypool. If the organisation is based outside the Community Council area, evidence must be given of the number of people from the Pontypool area who benefit from the organisation.**
- 3. The organisation should not operate any bar or restriction in respect of race, colour, creed or religion.**
- 4. The organisation should be controlled and organised in a recognised democratic manner.**
- 5. The organisation should specify in detail the purpose for which assistance is needed.**
- 6. The organisation should produce a clear set of accounts which must be signed by the Treasurer and countersigned by an independent person. The application will not be considered without this information.**
- 7. Any organisation receiving a grant from the Council will not be eligible to re-apply until 12 months from the end of the month in which the grant was made.**
- 8. APPLICANTS SHOULD NOTE THAT GRANTS WILL BE CONSIDERED ONCE A YEAR IN JUNE FOR DISTRIBUTION IN THE AUTUMN**

NOT FOR PUBLICATION

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<p>6. Name of Organisation:</p> <p>(bank account name if different from above)</p> <p>Bank Account Name:</p> <p>Sort Code:</p> <p>Account Number:</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>7. Address:</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>8. Name & address of Secretary (incl post code)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>9. Contact ☎:</p>	<p>.....</p>
<p>10. E-mail:</p>	<p>.....</p>

