FINANCIAL ASSISTANCE TO ORGANISATIONS

INFORMATION & APPLICATION FORM

NOTES:

i) Applications are normally considered by the Community Council at its October Council meeting and finances permitting, its February Council meeting. The application form and required paperwork (which is detailed below in point 11) should be sent to the Clerk & RFO by mid September/January respectively for consideration at these meetings.

ii) Subject to the availability of resources in each financial year, the Community Council’s policy states that:

- Financial support is confined to local organisations etc., as a general policy.

- Financial support to outside organisations and events etc., shall be considered when residents of the Council’s area are participating or there is direct benefit to the community.

- Financial support is confined to organisations that have a bank balance of £1,000 or less, unless residents of the Council’s area are participating or there is direct benefit to the community.
BAGILLT COMMUNITY COUNCIL

Application for Financial Assistance

(Complete in CAPITAL LETTERS except when signing)

1.  APPLICANT’S NAME AND ADDRESS

   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   ________________________________________ _____________________________

   Tel. No. ___________________________  E-mail: ___________________________

2.  ORGANISATION’S NAME

   _____________________________________________________________________

3.  TYPE OF ORGANISATION

   ✓ the categories that best describe the organisation:

   □ Group of Individuals
   □ Registered Charity. Registered Charity No.: _________________________
   □ Society or Club
   □ Society or Club with Adopted Constitution
   □ Company Limited by Guarantee
   □ Local Branch of a National Organisation
   □ Limited Company
   □ Other (Please specify) _____________________________________________

   _____________________________________________________________________

4.  PERIOD ORGANISATION HAS BEEN IN EXISTENCE ________________

5.  LOCATION OF ORGANISATION _________________________________
6. PURPOSE OF ORGANISATION INCLUDING THE PARTICULAR BENEFITS TO THE COMMUNITY OF BAGILLT THAT ARISE THROUGH THE ORGANISATION’S WORK

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

7. PURPOSE FOR WHICH FINANCIAL ASSISTANCE, IF APPROVED, WILL BE USED

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

8. AMOUNT SOUGHT £ _________ TOTAL COST OF PROJECT £ _________

9. OTHER SOURCES OF FUNDING RECEIVED OR BEING SOUGHT

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

10. ANY OTHER INFORMATION WHICH YOU FEEL WOULD HELP THE COMMUNITY COUNCIL IN CONSIDERING THIS APPLICATION

(Continue on a separate sheet of paper if necessary)

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

11. INFORMATION REQUIRED (This information is not required from the two schools or the youth centre in the village).

i) An Adopted Constitution or Set of Rules.

ii) The latest year’s audited Accounts or Statement of Income and Expenditure.
iii) A copy of the latest Bank/Building Society Statement(s) for **ALL** Accounts held by the Organisation.

**NOTE:** If the accounts show a balance of £1,000 or more, please give an explanation why financial assistance is being sought.

(Continue on a separate sheet of paper if necessary)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. I declare that to the best of my knowledge the information given on this Application and its supporting enclosures are correct.

Signed: ___________________________  Date: ______________
Position in Organisation ____________________________________________

Return completed Application with supporting enclosures to the:

Bagillt Community Council,  
FAO Clerk & RFO,  
12 Llys Pant Derw  
Connah’s Quay  
Deeside  
Flintshire  
CH5 4QY

Telephone No: 07856597165 / 01244 812329

E Mail: clerk@bagilltcommunitycouncil.gov.uk