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GELLIGAER COMMUNITY COUNCIL  
CYNGOR CYMUNED GELLI-GAER



## APPLICATION FOR FINANCIAL ASSISTANCE

- If you require assistance to complete this form, please do not hesitate in contacting; (i) the clerk on her mobile 07933 725094 or email [mortic1@caerphilly.gov.uk](mailto:mortic1@caerphilly.gov.uk) or (ii) your local community councillor.
- **COMPLETED FORMS should be returned either electronically to the above email or by post to:** Clerk to the Council, Gelligaer Community Council, Council Office, Llwyn Onn, Penpedairheol, Hengoed, CF82 8BB
- Please note failure to complete any section of the form will result in a grant not being issued.
- New organisations, that we have not previously financially supported, will need to provide copies of their constitution, latest minutes and latest bank statement in the name of the club
- Gelligaer Community Council reserves the right to refuse an application for financial assistance.

**Your personal contact details will not be shared with other parties, nor published on our Facebook page or website and will be destroyed in line with our retention policy.**

1 **Organisation/Club name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone No \_\_\_\_\_

Email Address: \_\_\_\_\_ Web site Address: \_\_\_\_\_

2 **Name of contact person** \_\_\_\_\_ **Position** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Telephone No \_\_\_\_\_

Email Address (if different from above): \_\_\_\_\_

3 Please state objectives of organisation/club \_\_\_\_\_

\_\_\_\_\_

4 If a national organisation, please state involvement within the community of Gelligaer, if any.

**For your information, the community of Gelligaer covers: Cascade/ Penpedairheol, Gelligaer, Cefn Hengoed, Hengoed, Penybryn, Tiryberth/Glanynant & Ystrad Mynach**

5 a How many members do you have **under 16 years of age**? \_\_\_\_\_ Members

Please state how many reside within the community of Gelligaer: \_\_\_\_\_

b How many members do you have **over 16 years of age**? \_\_\_\_\_ Members

Please state how many reside within the community of Gelligaer: \_\_\_\_\_

6 Does your organisation have its own premises? \*Yes/No [\*Please delete as applicable]

If Yes: A) is it \*owned/rented? B) If rented, for what period \_\_\_\_\_

C) Is it \*freehold/leasehold? D) If leasehold, for what period \_\_\_\_\_

7 What is your membership subscription £ \_\_\_\_\_

8 a Please explain, in detail, the purpose for which financial assistance is sought

\_\_\_\_\_

b What fund raising activities do you perform on your own behalf

\_\_\_\_\_

c Have you received financial assistance from any other sources this year?

\*Yes/No

If yes, please give details \_\_\_\_\_

d Have you applied for financial assistance from any other source this year and have been refused or not received a reply to date? \*YES/NO

If yes, please give details \_\_\_\_\_

e How much finance has been raised for this purpose to date? £ \_\_\_\_\_

**f Will this funding help to improve the environment at all and how (Biodiversity)?**

\_\_\_\_\_

9 Please complete the income and expenditure figures for your organisation for the last financial year. Alternatively, you may provide a copy of your own statement of accounts.

**WE CAN NOW PAY YOU VIA ELECTRONIC BANKING**

**PLEASE PROVIDE YOUR BANK ACCOUNT NO. SORT CODE AND NAME OF CLUB**

Bank Account No. \_\_\_\_\_ Sort Code: \_\_\_\_\_

Club Name (as per bank statement) \_\_\_\_\_

Income & Expenditure Account for the Financial Year ended 31 March, 20 ____			
Income	£	Expenditure	£
Surplus b/f from previous year		Deficit b/f from previous year	
Total Membership Subscriptions		Rent	
Other Income (list individually)		Rates	
		Heating/lighting	
		Other expenditure	
Investment Income			
Deficit c/f to Next Year		Surplus c/f to Next Year	
	#	[These figures should be the same]	#

**WE CERTIFY THAT THE DETAILS GIVEN ABOVE, AND ATTACHED, ARE CORRECT TO THE BEST OF OUR KNOWLEDGE. ONLY ONE SIGNATURE REQUIRED DURING COVID-19 PANDEMIC**

Secretary	Treasurer	Date
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