



BAY OF COLWYN TOWN COUNCIL

APPLICATION FOR GRANT FUNDING

*Please complete the form in block capitals using black ink.
If any question is not applicable please answer "Not Applicable".*

FULL NAME OF PERSON MAKING APPLICATION:-

Name	
Address	
Post Code	
Telephone	
Email	

NAME OF ORGANISATION ON WHOSE BEHALF APPLICATION IS MADE (IF APPLICATION SUCCESSFUL CHEQUE WILL BE ISSUED TO THIS ADDRESS): -

Name	
Address	
Post Code	
Registered Charity Number	

NAME OF SECRETARY:-

Name	
Address	
Post Code	

NAME OF TREASURER:-

Name	
Address	
Post Code	

NAME OF AUDITORS:-

Name	
Address	
Post Code	

NAME OF BANKERS:-

Name	
Address	
Post Code	

1. Objectives or purpose of organisation:-

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2. Please state precise purpose for which grant is sought, including the estimated cost of any particular project:-

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3. Please give full details of any grants or other financial assistance being obtained or applied for from other sources including Conwy County Borough Council and state the amount of any monies raised voluntarily in the locality towards the project:-

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4. Does your organisation have a written constitution? Yes / No

5. Please enclose a copy of the last audited accounts, Independent Examiner's Report or latest bank statements. Copy of Constitution not required.

Items enclosed:-

6. Please state amount of grant applied for:-
N.B. This section MUST be completed

£

7. Please state how the grant is to be used or allocated, including the number of persons residing within the area of the Town Council (Rhos-on-Sea, Old Colwyn, Colwyn Bay), who would benefit from the grant:-

8. Please give any other detailed information that may help with the consideration of this application to include if/how your project/activity will help towards meeting one or more of the National Well-Being Goals (see attached):

Please return completed application form together with supporting evidence to:-

Mrs C J Earley MILCM, Town Clerk

Bay of Colwyn Town Council, Town Hall, Rhiw Road, Colwyn Bay, LL29 7TE.

Data Protection: The information you provide on this form will be processed on a spreadsheet and shared with members of the Finance Committee, strictly for the purposes of considering your application and in accordance with relevant legislation. Please tick the box to give your consent: