# **Application for Grant Aid from Monmouthshire County Council through the Welsh Church Act Fund 2013/2014**

## 1. ORGANISATION / INDIVIDUALS\* DETAILS

1a Name of Organisation / Individual	<u>Reply</u>
1b Address of Organisation / Individual	
1c What does the Organisation do?	
1e How long has your organisation been running?	
1f Name of Bank Account Sort Code Account Number Roll/Other Number (only required for Building Societies)  Bank Details required for direct payment transfer no cheques will be issued for successful applications.	
1g Is the organisation registered as a Charity?	Yes □ No □
If yes, what is its number?	

• (N.B. for Individual applications please read Organisation as Individual throughout the remainder of the form)

## 2. CONTACT DETAILS

2a	Name of Contact Person	
2b	Address of Contact (if different from above)	
2c	Phone / e-mail contact details	Daytime Evening Email

## 3. PROJECT DETAILS

3a	What do you require funding for?	<u>Reply</u>
3b	Who/How many will benefit from it?	
3c	How do you know there is a need for the project?	

3d	Has the organisation previously applied for a Grant from the Welsh Church Fund?  If so, in which year?  Amount of Grant	<b>Y</b>	es □ £	No □	
3e	Have any other bodies or Council departments been approached for assistance? If so, which and with what result, if known?				

## 4. FINANCIAL DETAILS

Please set out the costs for the whole of the project for which you are applying (these should include all running and equipment costs).

BUDGET				
	DESCRIPTION COST (£)			
	TOTAL			
	Will your project generate any me, such as ticket sales or fees? – please tell us how much.	<u>Reply</u>		
11 30	picase ten us now much.	£		
4c	Are you using any of your organisations own funds towards the cost of the project? If so, how much?	£		
4d	Are you doing any other fund raising events for this project? If so, how much do you hope to raise?	£		
4e	How much does your organisation presently hold in its accounts to finance itself?	£		

4f	If your organisation has been running for more than two years, please supply a copy of your last annual accounts – these will be held in a confidential manner. If there are no annual accounts please supply the last balance sheet			
4g	How much money are you asking for from the Welsh Church Fund towards your project?	<u>Reply</u> <b>£</b>		
4h	Can you tell us briefly what your organisation gives to your community (such as volunteer hours, premises, equipment, fund raising etc)? This helps us to build a picture of the value voluntary groups such as yours give to their community.			
5.	PROJECT MANAGEMENT AN	D EVALUATION		
5a	If you receive funding for the project, when will it start and finish?	Start Date:		
5b	How do you intend to ensure that your project and organisation can keep going into the future?			

#### 6. AUTHORISATION DETAILS

6a

group can you get the Chair Person (if this is not the contact person) or other officer to sign the form. Name (Print) Signature Position in Organisation Date **6b** Signature of contact person for the project Name (Print) Signature Position Date 6c I confirm that this application is worthy of consideration County Councillor (Print Name)\_\_\_\_\_ Signed: **Electoral Division** Date

To ensure that organisations are applying for funding with the consent of their

#### WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO:

David Jarrett
Monmouthshire County Council
@Innovation House
PO Box 106
Caldicot
NP26 9AN

01633 644657

#### Please check that you have

- Filled in all the questions Incomplete forms may result in delays to your application
- Obtained Signatures for Section 6
- Enclosed copies of recent accounts or a balance sheet
- Bank details are correct and accurate or payment will not be made