

CYNGOR CYMUNED YR YSTOG CHURCHSTOKE COMMUNITY COUNCIL

2 Rowes Terrace, Plough Bank, Montgomery, Powys. SY15 6QD

E J Humphreys MA Oxf, FdA Community Governance, FSLCC Clerc i'r Cyngor | Clerk to the Council

Annual Community Grants Application Form

Applications are invited from clubs, associations and organisations providing benefit in the

Churchstoke Community Council Area

(including Churchstoke, Hyssington, Mellington, Old Churchstoke, Pentre, Snead, and White Grit)

for small grants from the Annual Community Grants Fund.

Please read the terms of reference of the scheme on page two and fill in application details on pages three to six.

Essential Terms

For reasons of openness, fairness and transparency, Council emphasises that, applications will NOT be considered unless they meet the purpose, scope and criteria outlined in the Terms of Reference, and full supporting documentation is provided.

Please refer to full Terms of Reference to ensure your application is within purpose, scope and criteria of the scheme.

The Terms of Reference can be found on the council's web site at www.churchstoke.org/Finance

or by request to

email: clerk@churchstoke.org.
or telephone 01686-668790.

Please note your group is expected to provide the council with a written report on the activity undertaken with the grant by the following March. Failure to provide a written report will mean that no further applications by your group for financial support will be considered.

Data Protection Statement

Churchstoke Community Council will be collecting and holding data about applicants and referees (including names and addresses) and will the information supplied on the application forms to administer requests for a Community Grant, analyse grants and for its own research purposes. The community council may share the information with auditors, accountants, and government bodies in the interests of safeguarding public funds.

By accepting a community grant the applicant and/or applicant organisation is accepting the community may use application information in publicity and reports.

About your group. Please refer to Terms of Reference to ensure your application						
is within purpose, s	cope and criteria of	the scheme.				
Q1: Contact details						
N	Name of your group					
Na	me of main contact					
Position held in the group						
Address of main	<u> </u>					
contact						
Post Code		telephone (day)				
		telephone (eve)				
		email				
Q2: Groups which	are part of other g	roups.				
-	p part of another larg	•				
	s that larger group?	, , ,/-	1			
, , , , , , , , , , , , , , , , , , , ,	3. 3. 1					
Q3: What type is y	our group?					
Club	,	Voluntary Org.				
Business		Trade Assoc.				
If other, please						
indicate						
Q4: Does your gro	oup have the follow	vina?				
Constitution		If so, please supply	/ a copy			
Annual Accounts			a copy of the most			
, iiii dai , toodanto		recent completed a				
Chairman		Treasurer				
Secretary		Committee				
Bank Account			a copy of the last 2			
Dank / toodank		bank statements	(a copy of the last 2			
		Daim Glatomonio				
Q5: When was yo	ur group set up?					
Month	ar group cot up.	Year				
Wienian		1001				
Q6: About the act	ivities of your grou	n				
	, ,	γ.				
What are main activities of your group?						
	group.					
What geographical area(s) does your						
group serve?						
	9.00p 00110:					
Q7: About the membership of your group.						
No. of members		No. of committee				
NO. OF HIGHINGIS		members				
Can anvone ioin t	he group (ves/no)?	11101110013	<u> </u>			
Can anyone join the group (yes/no)?						

If not, what are the restrictions?						
From what geographical area(s) does the membership come?						
What ages are your group members?	(indicate numbers be	low)				
0-10	11-18					
19-25	26-59					
60+	all ages					
00+	an ayes					
About the grant for which you are applying. Please refer to Terms of Reference to ensure your application is within purpose, scope and criteria of the scheme. Note that if the grant is used to purposes other than stated, it may result in a requirement to repay.						
Q8: For how much money are you a	pplying in total?	£				
Please supply breakdown of expendite	ıre.					
		£				
		£				
		£				
		£				
		£				
Q9: Describe below how you intend to use the grant?						
Q10: When will the money be spent						
		,				
Q11: Does the group agree to provide proof of expenditure and end of grant report?						
Note that refusal to provide proof may result in requirement to repay. Failure to						
provide a written end of grant report will mean that no further applications by your group for financial support will be considered.						
Q12: Describe below who will benefit from the grant?						
	3					
Q13: What ages of people will benefit from the grant?						
0-10	11-18					
19-25	26-59					
60+	all ages					
Q14: Describe below what contribution your group is making itself.						

Q15: About other funding.					
Have you other fun	ding from outside yo	ur group (yes/no)?			
If so, from where?					
L					
	. Please refer to Ter scope and criteria of t		ensure your application		
Q16: Previous app	olications.				
Has your group e	ever previously applie				
		grant?			
If so, when?					
		ch was requested?	£		
	If so, now m	uch was awarded?	£		
O17: Financial do	tails of your group.				
Q17. Filialiciai de	What are your curre	ont hank halances?	£		
From most recent a	•	year ending			
T TOTT THOSE TOCCHE	inidal accounts	total income	£		
		total expenditure	£		
		profit or loss	£		
		cash reserve	£		
		other assets	£		
		investments	£		
Q18: Bank details					
account name			,		
account number		bank sort code			
bank name					
bank address					
How many people :	are needed to sign cl	heques or make			
	e should have at leas	-			
	lated to each other.	or and original origi			
name 1		position 1			
name 2		position 2			
name 3		position 3			
name 4		position 4			
Declarations, signatures and references. Please refer to Terms of Reference to					
ensure your application is within purpose, scope and criteria of the scheme.					
Q19: Applicant.					

	ree to abide by the summary terms of ref n and confirm that the details above are					
Name Position	Signature Date					
Address						
Post Code	telephone (day)					
	telephone (eve) email					
Q20: Two referees (who should not be members of your group). First Referee – I know the applicant and confirm that to the best of my knowledge that the group operates in the community as described above.						
Name	Signature Date					
Address						
Post Code	telephone (day) telephone (eve) email					
<u>Second Referee</u> – I know the applicant and confirm that to the best of my knowledge that the group operates in the community as described above.						
Name	Signature					
Address	Date					
Post Code	telephone (day) telephone (eve) email					

Applications return details:

Completed application form & supporting documents to be returned to the Clerk to the Council by email to clerk@churchstoke,org or by post to E J Humphreys, Clerk to the Council, 2 Rowes Terrace, Plough Bank, Montgomery Powys, SY15 6QD.