**Cyngor Cymuned Chwitffordd**

**Whitford Community Council**

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**Grant Application for Financial Assistance**

**Financial Year: 1st April 2024 – 31st March 2025**

Each year, Whitford Community Council considers requests for financial assistance to support the work of its local groups, organisations and charities. Grants are specifically made by the Council in the interest of its local area and its residents.

If you wish for your group, organisation or charity to be considered for financial assistance, then please read our ‘Grant Application for Financial Assistance Policy’ and complete the details requested below.

Applications can be made once during a financial year and will be considered at the next available Whitford Community Council Meeting. The council ordinarily meets on the second Thursday of the month, with no meetings taking place in August or December.

**Closing Date: 28th February 2025 - Applications received after this date will be considered for the next financial year, 1st April 2025 – 31st March 2026.**

Please submit your application form and supporting documents via email to clerk@whitford-council.wales

Should you have any queries please call:
R. Phillip Parry (Clerk & Financial Officer) on 01352 720547

**Contact Details**

|  |  |
| --- | --- |
| **Full Name of Person requesting a Grant on behalf of the named organisation below:** |  |
| **Position held in Organisation:** |  |
| **Email:** |  | **Tel. No:** |  |

**About Your Organisation**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Charity Number *(if applicable):*** |  |
| **Full Address:** |  |
| **Post Code:** |  | **Tel No:** |  |
| **Address where organisation holds meetings / undertakes activities:** |  |
| **No of Members:** |  |
| **How often does the organisation meet?**Delete as necessary | Weekly Fortnightly Monthly Bi-Monthly |
| **Purpose of Organisation** |  |

**Grant Application Details**

|  |  |
| --- | --- |
| **Amount Requested:** | **£** |
| **Organisation’s bank details**  | **Account Name:****Sort Code:****Account Number:** |
| **Copy of previous year’s audited accounts attached and current banking statement**  | *Applications for financial assistance will not be considered without copies of previous financial year’s audited accounts and a current banking statement being enclosed with this application* |
| **Please provide details on how the organisation would use grant (Provide full quotation of works for specific project)** |
| **If applying for a grant over £400, Whitford Community Council will consider granting up to 50% of total costs, to a maximum of £2,000.00 – unless exceptional reasons are provided and accepted by Council. The above maximum figure is also dependent on the current year’s budget allocation.****Please provide full details of how your organisation would pay for the remaining costs of the detailed project above:** |
| **Please provide details about how this project will benefit the local community and / or residents of Whitford Community Council area** |

By submitting this form to Whitford Community Council you are confirming acknowledgement and understanding of the ‘Financial Assistance Policy’, including all relevant terms and conditions outlined.

Whitford Community Council reserves the right to request any further information that it deems necessary to assist the decision-making process.

Whitford Community Council reserves the right to refuse any application for financial assistance that is considered to be against the objectives outlined within its ‘Financial Assistance Policy’.

Where Whitford Community Council have provided financial assistance for a specific project in excess of £400, the relevant group, organisation or charity will provide a written update by letter or email, within 6 months of monies being awarded, detailing how the money has been utilised. Whitford Community Council will consider non-compliance of the above as grounds for refusal of future applications for financial assistance.

Whitford Community Council reserves the right to request repayment of any financial assistance provided where an applicant does not comply with the conditions set out within this policy.

**For use of Whitford Community Council Clerk & Financial Officer – ONLY**

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| --- | --- |
| **Date Received** |  |
| **Date of Council Meeting to be discussed at:** |  |
| **Decision** |  |
| **Feedback to Application:** |  |
| **Comments:** |  |