

<u>Cyngor Cymuned</u> <u>CERI / KERRY Community Council</u>
Serving the Villages of Kerry, Sarn and Dolfor.

KERRY COMMUNITY COUNCIL GRANTS SCHEME

APPLICATION FORM:

Please include as much information as possible in your answers

SECTION A: YOUR ORGANISATION –

Please note that any proposal will only be considered from individuals or organisations based within the KCC service area.

Name of Organisation				
Contact Name				
Position / Role				
Correspondence				
Address				
E-Mail				
Telephone				
Which Community	KERRY	Yes/ No		
Council Area?	DOLFOR	Yes/ No		
	SARN	Yes/ No		
Are you a Registered Charity?	Yes/ No			
If Yes what is the				
Registration Number?				
What are the aims & Purposes of your				
organisation?				
What are your main				
What are your main activities and who are				
	I.			

from these activities

SECTION B: - YOUR PROJECT

What are you seeking	
the Grant for?	
the Grant for:	
Why is the Grant	
needed?	
TT 111 (1	
How will the grant	
benefit the wider	
community?	
community:	
What is the timing of	START:
	STAKT.
the Project:	
	FINISH:
	FINGI.
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SECTION C: - FUNDING

Total Cost £		
Your Contribution £		
(if applicable)		
Grant requested from Kerry Community		
Council £		
Please provide a breakdown of the total cost above and attach any quotes as appropriate	ITEM OR ACTIVITY	COST £
Are you applying for funding elsewhere? If Yes where from?		

How will the project continue to be funded in the future?		
Have you received a grant from K.C.C. before? If yes please state: date, amount and purpose.		
	SECTION D:	- FINANCE-
PLEASE PROVIDE DI	ETAILS OF YOUR BANK / B	UILDING SOCIETY ACCOUNT
Account Name		
Account Number		
Sort Code		
Bank / Building Society and Branch Address		
Number of Signatories		
		CHECKLIST BY THE DOCUMENTS DETAILED BELOW TO D TO THE PANEL FOR ASSESSMENT.
	form signed by 2 people	
Signed copy of your cor organisations' set of rul requests in excess of £50	les (only required for grant	
Current Income & Exp required for grant requ		
Current Balance Sheet		
Quotes for goods or ser	vices being purchased	
The following must also	be sent where appropriate	
Confirmation of any sta – (e.g. Planning)	ntutory permissions required	

and amount £

Safeguarding Policy (if it relates directly to your project)	
Public Entertainment Licence & Public Liability Insurance if relating to a community Building /. Community Event)	

SECTION F: DECLARATION

- We confirm that to the best of our knowledge and belief, all the information in this application is true and correct.
- We understand that you may request further information at any stage of the application process
- If our application is successful we agree to provide feedback on our project and agree to abide by any further condition given at the time that the funding is awarded
- We understand that Kerry Community Council reserve the right to reference successful applicants for publicity purposes

<u>NAME</u>	<u>POSITION</u>
SIGNATURE	DATE
<u>NAME</u>	<u>POSITION</u>
<u>NAME</u>	POSITION
<u>NAME</u>	POSITION
NAME SIGNATURE	POSITION DATE

Please return your form to:

Kerry Community Council Clerk, Ria Roberts, Oak Cottage, Sarn. SY16 4HG

Email: clerk@kerrycommunitycouncil.gov.uk

Tel: 01686 671275