

**Llannon Community Council**

**Request for Financial Assistance Application Form**

(Please complete in BLOCK CAPITALS)

**Applicant:** .....  
(Name of Organisation)

**Are you a local organisation? YES/NO**  
(Located within the boundary of Llannon Community Council)

**Are you a registered charity YES/NO**  
If YES please provide registration number: .....

**Contact Details:**

**Name:** .....

**Address:** .....

..... **Post Code:** .....

**Telephone No:** .....

**Email:** .....

**Position in the Organisation:** .....  
(i.e. Chairman, Treasurer, Secretary)

**Is the grant for use in a local event? YES/NO**  
(located within the boundary of Llannon Community Council)

**Total Project Cost: £ ..... Organisation Contribution (if any) £ .....**

**Amount of Financial Assistance requested from Llannon Community Council:**

**£.....**

*Please read the notes contained within Llannon Community Council's Financial Assistance Policy & Procedure before completing your application. If you are uncertain about any of the questions on the form, please contact the Clerk.*

*Applicants are advised that this form and the information contained in it will be included as part of Llannon Community Council's public records.*

**Aims of the Organisation:**

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**Purpose of the Award:**

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**Briefly describe how will you be funding the running costs of your project/organisation in future years?:**

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**How will residents of Llannon ward benefit if you are awarded this financial assistance?**

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**Has your organisation previously applied for financial assistance from Llannon Community Council? YES/NO**

**If yes, please provide details:**

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**When applied? ..... Financial Assistance Awarded - YES/NO**

**Amount Awarded? £ .....**

**Has an application been made to any other Body or Organisation for the above purpose? YES/NO**

**If yes, please provide details**

(Please continue on separate sheet if necessary)

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**What additional fundraising events or activities will you be holding this year?**

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**Are you or any of your members related or connected in any way to any member/officer of Llannon Community Council? YES/NO**

(If YES, please provide name and relationship):

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**Financial**

Please enclose your latest audited accounts and/or Business Plan if a new organisation and other information as follows:

- |   |     |    |     |
|---|-----|----|-----|
| 1. Income and Expenditure Account                 | YES | NO | N/A |
| 2. Business Plan                                  | YES | NO | N/A |
| 3. Proof of bank account (copy of bank statement) | YES | NO |     |
| 4. Balance Sheet                                  | YES | NO | N/A |
| 5. Club/Organisation Constitution or Rules        | YES | NO | N/A |

If you have answered NO to any of the above, please reason why:

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- |   |     |    |
|---|-----|----|
| 6. Is your organisation registered for VAT? | YES | NO |
| 7. Are you a profit-making association?     | YES | NO |

*I certify the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for financial assistance.*

*I confirm I have read Llannon Community Council's Financial Assistance Policy & Procedure and agree to comply with its content.*

*By signing here, you agree to Llannon Community Council using your personal data in accordance with our Privacy Notice.*

**Signature of applicant:** .....

**Date:** .....

**Please return your completed application form and supporting documents to the Clerk, Mrs Clare Hope:**

Via email: [llannonccclerk@outlook.com](mailto:llannonccclerk@outlook.com)

Or post to: Llannon Community Council  
Tumble Hall  
Heol-y-Neaudd  
Tumble  
Llanelli  
Carmarthenshire  
SA14 6HR