

Llannon Community Council

Financial Assistance Project Completion Report (PCR)

(Please complete in BLOCK CAPITALS)

This form must be submitted to the Clerk within 3 months of your project completion date.

Application Reference Number:

Applicant:
(Name of Organisation)

Name:

Address:

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

Telephone No:

Email:

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

Amount Awarded £.....

Please read the notes contained within Llannon Community Council's Financial Assistance Policy & Procedure before completing your PCR. 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.

Describe how the financial assistance you received was used:

.....
.....
.....

How have Llannon ward residents benefited from your award for financial assistance?

.....

Please detail and attach copies of receipts for all expenditure relating to your award:

Receipt Attached Y/N	Amount	Reason

I certify the above information is true to the best of my knowledge and belief, and that I am authorised to complete this Project Completion Report.

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:

Date:

Please return your completed PCR and supporting receipts to:

Mrs Clare Hope

Via email: llannonccclerk@outlook.com

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