

**Argoed Community Council**  
**APPLICATION FOR FINANCIAL ASSISTANCE**

- If you experience difficulty in completing this form, please do not hesitate to request guidance from either your local Community Councillor or the Clerk who can be contacted on 07904 058935
- COMPLETED FORMS should be returned to either your Councillor or the Clerk
- Please note - failure to complete any section of the form will result in a grant not being issued.
- The Council reserves the right to refuse an application for financial assistance.

1 Name/Organisation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Telephone No \_\_\_\_\_

2 Name of Contact Person \_\_\_\_\_ Position \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_ Telephone No \_\_\_\_\_

3 Please state Objectives of Organisation \_\_\_\_\_  
\_\_\_\_\_

4 If a national organisation, please state involvement within the community of Argoed, if any.  
\_\_\_\_\_

5 a How many members do you have under 16 years of age? \_\_\_\_\_ members  
Please state the number that resides within the community of Argoed \_\_\_\_\_

b How many members to you have over 16 years of age? \_\_\_\_\_ members  
Please state the number that resides within the community of Argoed \_\_\_\_\_

6 Does your organisation have it's own premises? \*Yes/No [\*Please delete as applicable]  
If Yes is it a) owned b) rented c) leased

7 What is your membership subscription £ \_\_\_\_\_

8 What level of funding are you requesting from Argoed Community Council? \_\_\_\_\_

9 a Please explain, in detail, the purpose for which financial assistance is sought  
\_\_\_\_\_  
\_\_\_\_\_

[please attached further sheet(s) if needed]

b What fund raising activities do you perform on your own behalf

\_\_\_\_\_

c Have you received financial assistance from any other sources this year?

\*Yes/No

If Yes, please give details \_\_\_\_\_

d Have you applied for financial assistance from any other source this year and have been refused or not received a reply to date? \*YES/NO

If Yes, please give details \_\_\_\_\_

e How much Finance has been raised for this purpose to date? £ \_\_\_\_\_

f If you have any additional information to support your application, please state here \_\_\_\_\_

10 Please supply a copy of your Constitution or Aims and Objectives

11 Please complete the income and expenditure figures for your organisation for the last financial year. Alternatively, you may provide a copy of your own statement of accounts for the last financial year. However, there MUST be TWO SIGNATORIES on this form.

<b>Income &amp; Expenditure Account for the Financial Year ended 31 March, 20__</b>			
<b>Income</b>	<b>£</b>	<b>Expenditure</b>	<b>£</b>
Surplus b/f from previous year		Deficit b/f from previous year	
Total Membership Subscriptions		Rent	
~ Other Income		Rates	
		Heating/Lighting	
		Other Expenditure	
Investment Income			
Deficit c/f to Next Year		Surplus c/f to Next Year	
		<i>[These figures should be the same]</i>	

~ Please list individually and include all Donations/Grants.

WE CERTIFY THAT THE DETAILS GIVEN ABOVE, OR ATTACHED, ARE CORRECT.

Signed:	Signed:	Date
Position:	Position:	