



Cyngor Tref Ystradgynlais Town Council

APPLICATION FOR FINANCIAL ASSISTANCE

Organisation: _____

Address: _____

Aims of the Organisation: _____

If affiliated to a National Voluntary Organisation, please state which: _____

Purpose the grant is going to be used for: _____

Please state if any financial support has been or is being sought from other bodies, including Powys County Council and the amount: _____

If the organization has previously received financial support from the Ystradgynlais Town Council, please give information as to how it has supported the organisations' activities. _____

Please attach the following documentation:

- Schedule of Activities to include the amount of money spent within the community
- Constitution - If no constitution is available, supply under separate cover documents with an explanation as to how your body operates
- Statement of Accounts and Balance Sheet for the previous financial year

Signed Chairman/Secretary/Treasurer
(delete as appropriate)

Full Name

Contact Email and/Phone

Date

Please return to the following email or postal address

Clerc/Clerk: Mr D B Rees Telephone: (01639) 845269
Ystradgynlais Town Council, The Welfare, Brecon Road, Ystradgynlais, SA9 1JJ
E-Mail/E Bost: ystradtowncouncil@btinternet.com