



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:

| |
|---|
| <p>Schedule of Activities</p> <ul style="list-style-type: none">- To include the amount of money spent within the community |
| <p>Constitution</p> <ul style="list-style-type: none">- If the constitution has not changed since the previous Town Council grant award, this is not required. Please state below if this is the case. *- If no constitution is available, supply under separate cover documents with an explanation as to how your body operates |
| <p>Statement of Accounts and Balance Sheet for the previous financial year</p> <ul style="list-style-type: none">- If the organisations accounts have not varied significantly since the previous Town Council grant award, this is not required. Please state below if this is the case. * |

*Please note that if Constitution and accounting documents have not been received for a significant period, the Council may request up to date copies.

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