# **GWAUN CAE GURWEN COMMUNITY COUNCIL AND CELTIC ENERGY COMMUNITY BENEFIT FUND**

**APPLICATION FORM**

(Wards of: Cwmgors, Gwaun Cae Gurwen, Lower Brynamman & Tairgwaith)

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| * 1. **Name of Organisation**
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| **1.2 Contact Address of Organisation** |
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|  |
| **Postcode** |

|  |  |
| --- | --- |
| **1.3 First Contact Person** | **Second Contact Person** |
| **Position** | **Position** |
| **Daytime Contact Phone No.** | **Daytime Contact Phone No.** |
| **Email** | **Email** |

**About Your Organisation**

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| **1.4 What does your organisation do? Please give as much detail as possible about what your organisation does including your aims and objectives and how it achieves these.** |

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| **1.5 When was your organisation established?** |

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| --- | --- | --- |
| **1.6 Do you have a constitution or similar document?**  | **Yes** | **No** |
| **Do you have a Bank account in the name of the organisation?**(Please tick as appropriate) | **Yes** | **No** |
| A constitution is the governing document which states what your organisation does and where and how you achieve it. If you do not have a constitution or similar document you will NOT be eligible for this grant scheme. If you have a query, contact us. |

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| **1.7 Which of the following best describes your work/services?** (Please tick all which apply) |
|  | **Recreational** |  | **Cultural** |
|  | **Educational** |  | **Services for children/young people** |
|  | **Health and Well Being** |  | **Services for Older People (50+)** |
|  | **Environmental** |  | **Work in disadvantaged communities** |
|  | **Energy Efficiency** |  | **Other (please state) ………………………………………………** |

**Your organisation’s finances**

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| **1.8 Please provide the following information** |
| **(a) Total income in the last financial year:** |
| **(b) Total amount spent in the last financial year:** |
| **(c) Current savings or unallocated funds:** |

**Your organisation’s financial details**

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| **1.9 Please give us details of your group’s bank account** |
| **Group Name on Account** |  |
| **Bank/Building Society name** |  |
| **Bank/Building Society address** |  |
| **Sort Code** |  |
| **Account No** |  |
| **Building Society roll number (If applicable)** |  |

Please give the names of two bank signatories and their positions in your organisation.

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| --- | --- | --- | --- | --- |
| **1** | **Name** |  | **Position** |  |
| **2** | **Name** |  | **Position** |  |

**Your projects need for funding and how this can be addressed using the Fund Criteria**

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| **2.1 Please describe the project for which you request the grant and its geographic location.**Your answer should describe which activity you need a grant for and how the funding will help to deliver the aims and objectives of your project. |

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| **2.2 How have you identified the need for the project?**Please state if there are any similar organisations in the area and how your work differs. |

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| **2.3 What genuine long term community benefits do you anticipate as a result of the grant?**What outcomes do you hope to see as a result of the grant? Describe the community or beneficiaries with which you work. |

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| **2.4 How many people will benefit from this project?** We want to know how many people will be involved in the activities that the grant will fund. It is important to give as much information as possible to ensure we assess your application appropriately. |

**2.5 Timescale of this project**

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| --- | --- | --- |
| Start date | Finish date | Or ongoing (please tick) |

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| **2.6 Demonstrate how the project will be sustained after the investment of grant aid?**How will the project be maintained? |

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| **2.7 how will you measure the progress and success of this project?** |

**Project Costs**

**3.1** Please provide a breakdown of the total cost of this project excluding VAT

|  |  |  |
| --- | --- | --- |
| **Item** | **£ Amount** | **Funded by this grant scheme? Y/N** |
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| **Total amount required for the whole project (exclusive of VAT) (A)** |  |  |
| **Total VAT for this project (B)** |  |  |
| **Total Project cost (A) + (B)** |  |  |

**Is your Organisation registered for VAT and able to recover this element of the Project?**

**(Please tick as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**If so please provide VAT Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Written estimates from suppliers MUST be supplied for ALL items requested or your application may not be considered**

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| **3.2** How much money are you asking for? (It is a requirement that there is an element of match funding) | **£** |
| How much have you raised elsewhere for this project? Please list funders and amounts below |
|  | **£** |
|  | **£** |
|  | **£** |
|  | **£** |
| Please list other funders you have applied to for this project but have not yet received approval, the respective grant amounts and the date outcome of the application will be known (if you have failed to attract match funding, please list the sources you have explored and exhausted |
|  | **£** |
|  | **£** |
|  | **£** |

**3.3 Referee**

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| **The referee must be a professional person or person of standing in the community. Examples include bank officials, police officers, ministers of religion and people with professional qualifications (teachers, accountants, solicitors etc) – NOT local councillors, Panel Members or the Clerk due to the potential conflict of interest.** |
| **Name** |
| **Relationship to your organisation** |
| **Address** |
|  |
| **Postcode** |  |
| **Daytime Phone No** |  |
| **Email** |  |

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| **3.4 Other Information –** Please outline any other information you feel we should be aware of to strengthen your bid to the fund. |

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| **4.1 Where did you hear about this grant scheme?** |

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| **4.2 If your grant is approved may we use your organisation as an example to promote our work?**  (Please tick as appropriate) |
| **Yes** |  | **No** |  |

**Declaration**

* I am authorised to make the application on behalf of the organisation.
* I certify that to the best of my knowledge the information contained in this application is correct.
* If the information changes in any way, I will inform the Gwaun Cae Gurwen Community Council and Celtic Energy Community Benefit Fund immediately.
* I further confirm that is successful, the organisation agrees to the following conditions:
* Use the grant only for the purpose in the offer letter
* The invoices submitted under this scheme have not been used to claim Grant Aid from other sources for the same expenditure
* Complete an end of project Monitoring Form as requested
* Agree to take part in any publicity of the grant as required
* Not to use the funding for any projects that conflict or adversely affect the aim or policies of Gwaun Cae Gurwen Community Council or Celtic Energy or any associated companies or partners

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| **Name****(Block Capitals)** |  |  **Position (Block Capitals)** |  |
| **Signed** |  | **Date** |  |

**Checklist**

**Please ensure you enclose the following of your application may not be considered**

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|  | **A signed and dated Constitution** (if you do not have a signed copy, we will still require an unsigned copy together with a copy of the minutes of the meeting at which it was adopted. If you do not have a constitution, please contacts us) Schools Exempt |
|  | **Audited Accounts** If a new organisation, please provide a copy of current bank statement (showing the account name and details) Schools Exempt |
|  | **Three quotes MUST be supplied for ALL single items of equipment** |
|  | **Insurance Policy** (Appropriate to the project, facility or activity to be developed) |
|  | **Lease Agreement** (Where applicable) |

**IMPORTANT**

**Please ensure you have answered every question as incomplete application forms may not be considered.**

Please return your application to:

**Email:**

**admin@gcgcc.org.uk**

**Post:**

**Gwaun Cae Gurwen Community Council**

**Cwmgors Community Hall**

**Cemetery Road**

**Cwmgors**

**Ammanford**

**SA18 1PS**