



## BROUGHTON AND BRETTON COMMUNITY COUNCIL

### APPLICATION FOR SMALL GRANT FUNDING

*Please complete the form in block capitals using black ink.*

*If any question is not applicable, please answer 'Not Applicable'*

#### FULL NAME OF PERSON MAKING APPLICATION:

|           |  |
|-----------|--|
| Name      |  |
| Address   |  |
| Post Code |  |
| Telephone |  |
| Email     |  |

#### NAME OF ORGANISATION ON WHOSE BEHALF APPLICATION IS MADE:

|                           |  |  |  |
|---------------------------|--|--|--|
| Name                      |  |  |  |
| Address                   |  |  |  |
| Post Code                 |  |  |  |
| Registered Charity Number |  |  |  |

#### NAME OF SECRETARY:

|           |  |
|-----------|--|
| Name      |  |
| Address   |  |
| Post Code |  |

**NAME OF TREASURER:**

|           |  |
|-----------|--|
| Name      |  |
| Address   |  |
| Post Code |  |

**NAME OF AUDITORS:**

|           |  |
|-----------|--|
| Name      |  |
| Address   |  |
| Post Code |  |

**NAME OF BANK AND ACCOUNT DETAILS (IF SUCCESSFUL, BACS PAYMENT WILL BE MADE TO THIS ACCOUNT)**

|                          |  |
|--------------------------|--|
| Name                     |  |
| Address                  |  |
| Post Code                |  |
| Sort Code and A/C Number |  |

**1. Objectives or purpose of organisation:**

|  |
|--|
|  |
|--|

**2. Please state precise purpose for which grant is sought, including the estimated cost of any particular project:**

|  |
|--|
|  |
|--|

- 3. Please give full details of any grants or other financial assistance obtained or applied for from other sources and state the amount of any monies raised voluntarily in the locality toward the project:**

- 4. If purchasing equipment/appliances, please enclose/attach evidence of 3 quotes sought. If unable to provide 3 quotes, please indicate reason.**

- 5. Does your organisation have a written constitution? If YES, please enclose** YES / NO

- 6. Please enclose/attach a copy of the last audited accounts and latest bank statement.**

- 7. Please state how the grant is to be used or allocated, including the number of persons residing within the area of the Community Council, who would benefit from the grant:**

- 8. Please give any other detailed information that may help with the consideration of this application to include if/how your project/activity will help towards meeting one or more of the National Well-Being Goals (see attached):**

**Please return completed application form together with supporting documents/evidence to:**

**Sharron Jones, FSLCC, PGDBA, CiLCA, Clerk and Financial Officer**

**Hawarden Community Council**

**113 The Highway, Hawarden<**

**Flintshire CH5 3DN**

**or email to: [mail@hawardencommunitycouncil.gov.uk](mailto:mail@hawardencommunitycouncil.gov.uk)**

**Data Protection:** The information you provide on this form will be processed and shared with members of the Community Council, strictly for the purposes of considering your application and in accordance with relevant legislation. Please confirm your consent: Yes / No