

Small Grant Application Form

Make sure you have read the Guidelines for Applicants before you complete this application. Please write / type clearly in black or blue ink.

Please answer every question. Where the question is not appropriate to your organisation or project please write Not Applicable (N/A)

For Office Use Only: Reference number..... Date of receipt.....

Section 1: About Your Organisation		
Name of organisation		
Contact person's name &position in the organisation		
Address of your organisation / key contact person responsible for the project		
	Post Code:	
responsible for the	Home phone:	
project	Mobile:	
	Other:	
	E-mail address:	
Please describe your		
organisation type		
	Charity number (if applicable)	
	Company number (if applicable)	

Is membership of your org	anisation / project tea	m open to anyone who wants to join?
Yes 🗌 🛛 No 🗌		
If No please explain why?		
How many paid staff do		
you employ?	Full time:	Part time:
How many volunteers do you have?	Volunteers:	

Section 2: About your project
Please describe your proposed project – (What are you going to do?)
Which of the charities objectives will be fulfilled by this project – (State all that are applicable)
Who is on your project team?

What benefits will your project bring to the community?					
What evidence do you have that the p	oroject ha	as the su	pport of the co	ommunity?	
How will this funding help you to ach	ieve you	r goal?			
		_			
Will the governance of the project be	passed	to anothe	er body on con	pletion of the	project?
			•		-
Yes 🗌 No 🗌					
If yes, please state who will take on g	jovernan	ce of the	project and p	ovide evidence	e that they
are willing to do so					
	_				
If no, who will be responsible for ong	oing gov	vernance	:		
What is the planned preject					
What is the planned project start date?	/	/			
	1	,			
		,			
What is the planned project completion date?	/	/			

Section 3: Project Financial Details					
Expenditure		Cost £	VAT £		Total £
Total Proje	ct Costs =				
Have you applied for funding from elsewhere?	Yes 🗌	No 🗌			
If the answer is No, please provide reason.					
				£	
Please list any other funding bodies that have been contacted and the amount of money requested				£	
				£	
				£	
Grant aid sought from Dŵr Anafon		£			

Is your Organisation registered for V.A.T.?	Yes 🗌	No 🗌		
	If yes; you will be expected to reclaim V.A.T. on your project and any grant paid will exclude the V.A.T. element			

Section 4: Project Check List					
 The following documents should be included as part of your application, if applicable Copy of organisation constitution 					
 Written quotes or estimates 					
 Copy of last available accounts Bank Statement 					
Evidence/letters of community support for project					
 Copy of planning permission or listed building consent Evidence of adoption of project by another body eg ARC 					

To be completed by a representative of the organisation/group:		
I confirm that all the information on this form is true and correct.		
Representative's name:	Position:	
Phone No.:	E-mail:	
Signature:	Date:	

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DATA PROTECTION

Dŵr Anafon will use the contact information you provide for the purposes of dealing with your grant application only. Data will be securely stored for at least 6 years from the date of receiving the application or the date the project is completed, whichever is later.



We confirm that, if our application is successful, Dwr Anafon can publicise the project, including the amount awarded

For further help or advice, or to return your completed Application Form and supporting documents please contact:

Dŵr Anafon, Yr Hen Felin, Abergwyngregyn, Llanfairfechan, LL33 0LP

or

info@dwranafon.co.uk

The following organisations can provide independent help and advice regarding grant application, including advice on match funding:

http://mantellgwynedd.com

email: ymholiadau@mantellgwynedd.com

http://cvsc.org.uk

email: mail@cvsc.org.uk