

For Office Use Only:

Application Form for Groups

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)

Reference number...... Date of receipt......

S	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:
Contact details of person responsible for the project	Home phone: Mobile:
	Other:
	E-mail address:
Please describe your organisation type	
	Charity number (if applicable)
	Company number (if applicable)

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ls membership of your org	anisation / project team open to anyone who wants to join?
Yes No	
If No please explain why?	
ii no piodos explain wily .	
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 prop	posed project – (What are you going to do?)
Which of the charities obje	ectives will be fulfilled by this project – (State all that are applicable)
Who is on your project tea	
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What benefits will your project bring to the community?
What evidence do you have that the project has the support of the community?
How will this funding help you to achieve your goal?
Will the governance of the project be passed to another body on completion of the project?
Yes No No
Yes No No
If yes, please state who will take on governance of the project and provide evidence that they
are willing to do so
If no, who will be responsible for ongoing governance:
in no, who will be responsible for ongoing governance.
What is the planned project
start date? / /
What is the planned project / /
completion date?

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Section 3: Project Financial Details					
Expenditure		Cost £	V £	ΆΤ	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 NB Groups may only apply once in any 12 month period		£			

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Is your Organisation registered for V.A.T.?	Yes 🗌	No 🗌
	If yes; you will be expected any grant paid will exclude	ed to reclaim V.A.T. on your project and le 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 (or other governing document) • Two 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 confirm that all the information on this form	
Representative's name:	Position:
Representative 3 name.	T OSITION.
Phone No.:	E-mail:
Signature:	Date:

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DATA PROTECTION

purpos years f	nafon will use the information you provide, including personal information, for the ses of dealing with your grant application only. Data will be securely stored for 7 from the date of receiving the application or the date the project is completed, ever is later. It will then be destroyed securely.
	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

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