# BLAENHONDDAN COMMUNITY COUNCIL

**Application for Financial Assistance**

**Policy Note** – The Council’s preference is to support grant applications which have a particular impact within or benefit for the communities of Blaenhonddan – Bryncoch, Waunceirch, Caewern, Cadoxton, Cilfrew, Aberdulais and surrounding areas. This does not preclude applications from organizations based outside the area, but they must consider and indicate the impact and benefits that a grant would bring to the Blaenhonddan area. The Council is unable to make grants to individuals.

## Applicant Details

### Name of Organization / Club: ……………………………………………………………….

### Name and Address of Contact Person:……………………………………………………. ……………………………………………………………………………………………………………………………………………………………………………………………………

Position with Organization:………………………………………………………………….

Telephone: (Home)……………………………… (Work) ……………………………….

(Mobile)……………………………….

E-mail address:…..……………………………………………………………………………

## Application Details

1. How will this grant contribute towards the aims / purpose of your organization / club?

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2. Please summarize the costs which you have to meet as an organization / club? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Please summarize the income which you have as an organization / club? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
2. Please give a full explanation as to what the grant will be used for.

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5. Have you secured any other funding to assist with this particular expenditure, and if so, from whom and how much?

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6. How will this grant help your organization to support people who live in, work in, visit and / or use facilities in the Blaenhonddan area? *(Please be as explicit as you can in responding to this question, and include an indication of numbers if this is relevant)*

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## Additional Information

Please detail any further information in support of your application. *(You are welcome to append leaflets, balance sheets or other documents that may assist the Council in understanding your answers to the above questions)*

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##### Signed…………………………………………………..Date………………………………

Applications are considered by the Council in April and October of each year. Please return your application form by post or e-mail by the last day in March or September at the latest, to -

## Rowland Lanchbury, Clerk to the Council, Blaenhonddan Community Council, Cadoxton Community Centre, Cwmbach Road, Cadoxton, NEATH SA10 8AR

* [clerk@blaenhonddan–wcc.gov.uk](mailto:clerk@blaenhonddan–wcc.gov.uk)

Telephone enquiries – 01639 632436 / 07873 129744

**Please note that you will NOT be informed if your application is unsuccessful.**

[www.blaenhonddan-wcc.gov.uk](http://www.blaenhonddan-wcc.gov.uk)