

BANK DETAILS

Please provide details of the main bank/building society account held by your organisation into which any grant monies would be paid:

NAME OF BANK/BUILDING SOCIETY:

ADDRESS:

NAME OF ACCOUNT:

ACCOUNT NUMBER:

BANK SORT CODE:

Please provide details of all other bank/building society account(s) held by your organisation in the box below:

	ACCOUNT DETAILS	ACCOUNT DETAILS	ACCOUNT DETAILS
NAME OF BANK/BUILDING SOCIETY			
NAME OF ACCOUNT			
ACCOUNT NUMBER			
BANK SORT CODE			

Any undisclosed sources of finance may render your application invalid. A copy of the latest statements for each of these accounts, covering a period of at least one month, are requested with the application.

ATTACHMENTS

(Please tick)

CONTRACTOR'S ESTIMATE

CONSTITUTION

BUSINESS PLAN

STATUTORY CONSENT(S)

BANK STATEMENTS

PROOF OF OWNERSHIP

ROOF OF MATCH FUNDING

DRAWINGS OF SCHEME

AUDITED ACCOUNTS

OTHER

DECLARATION

I, the undersigned, on behalf of the above organisation declare that:

1. All sources of funds for the project, from whatever source, are declared in the application and any additional sources of funding that become available in respect of the project will be immediately declared to the Council.
2. Any misleading information at any stage of the application process, whether deliberately or accidentally given, may render the application invalid and require the return of any Council funds.
3. All information submitted in this application and in any supporting document is truthful and accurate and the Council will be informed if there are any amendments to the application or any change in circumstances and that I am the authorised individual permitted to complete this application on behalf of my organisation.
4. Any organisation awarded a Council grant will be subject to the monitoring policies and procedures laid down by the Council.
5. Any grant support from the Council must be formally and publicly acknowledged with due recognition to the Council.
6. All relevant enclosures as requested under the attachments section of the application are included.

SIGNED: DATE:

NAME:

POSITION IN ORGANISATION:

Completed application forms to be returned to:-

Clerk to the Council
Llanelli Rural Council
Vauxhall Buildings
Vauxhall
Llanelli
SA15 3BD