

DECLARATION

We, 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 the 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 we are 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: SIGNED:
 NAME: NAME:
 CAPACITY: CAPACITY:
 DATE: DATE:

Completed application forms to be returned to:-
 Clerk to the Council
 Llanelli Rural Council
 Vauxhall Buildings
 Vauxhall
 Llanelli
 SA15 3BD

**LLANELLI RURAL COUNCIL
 COMMUNITY DEVELOPMENT GRANT
 APPLICATION FORM**

Prior to completing this application form please read the attached guidelines to ensure your project is eligible for grant assistance under the Council's grant scheme. Please complete in full as incomplete application forms will not be considered for grant aid. Further information can be submitted on additional sheets if necessary.

APPLICANTS DETAILS

CONTACT NAME: TEL:
 ORGANISATION: FAX:
 ADDRESS: EMAIL:

WHAT IS THE MAIN PURPOSE OF YOUR ORGANISATION/GROUP?

HOW LONG HAS YOUR ORGANISATION/GROUP BEEN ESTABLISHED?

YEARS MONTHS

IS YOUR ORGANISATION/GROUP REGISTERED AS A CHARITY? YES NO

IF YES, PLEASE STATE YOUR CHARITY REGISTRATION NUMBER

PROJECT DETAILS

TITLE:

DESCRIPTION:

LOCATION:

WARD:

HAS THE PROJECT STARTED? YES NO START DATE:

COMPLETION DATE:

PLEASE BRIEFLY EXPLAIN HOW YOUR PROJECT WILL HELP PROMOTE COMMUNITY DEVELOPMENT AND LIST THE BENEFITS:

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DOES YOUR PROJECT REQUIRE PLANNING PERMISSION? YES NO

DO YOU HAVE THE NECESSARY PLANNING PERMISSION? YES NO

TOTAL PROJECT COST: [Please Provide Breakdown]

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CAN V.A.T. BE RECLAIMED? YES NO

PLEASE STATE THE AMOUNT OF GRANT SOUGHT FROM THE COUNCIL:
 [MAXIMUM OF £5,000]

IF THE COUNCIL IS UNABLE TO AWARD THE AMOUNT REQUIRED, WOULD A SMALLER AWARD BE ACCEPTABLE? YES NO

IS THE PROJECT SOLELY DEPENDENT ON RECEIVING GRANT AID FROM THE COUNCIL? YES NO

OTHER FUNDING SOURCES FOR THE PROJECT

SOURCE	AMOUNT	SECURED / APPLIED FOR / TO BE APPLIED FOR PLEASE INDICATE AGAINST EACH SOURCE
1.		
2.		
3.		
4.		

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 ON 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		
NAME OF BANK/BUILDING SOCIETY			
NAME ON 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 a least one month, are requested with the application.

ATTACHMENTS [Please Tick]

ARCHITECTS/CONTRACTOR'S ESTIMATE DRAWINGS OF SCHEME

STATUTORY CONSENT(S) CONSTITUTION

BUSINESS PLAN BANK STATEMENTS

PROOF OF OWNERSHIP PROOF OF FUNDING

AUDITED ACCOUNTS OTHER

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