

CYNGOR TREF TREFDRAETH  **NEWPORT TOWN COUNCIL**

Uned 3, Yr Hen Ysgol, Heol Isaf Sant Mair, Trefdraeth, Sir Benfro. SA42 0TS
Unit 3, The Old School, Lower St Mary St, Newport, Pembrokeshire SA42 0TS
Ffon/Tel: 01239 821127 Gwefan/Web: www.newport-pembs.co.uk E-bost/E-mail: npclerk@newport-pembs.co.uk

Application Form

1. Name of Organisation

Address for correspondence (please include postcode)

Contact name and position in Organisation

Contact telephone number(s)

E-mail address

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2. Please tell us about your Organisation's aims and the main services/activities you provide

3. How many people are involved with your Organisation?

COMMITTEE MEMBERS	
VOLUNTEERS	
PAID STAFF	
MEMBERS	

4. Please provide the following details about your bank account:

Bank/Building society Name

Name of account

(Please do not include your bank account number)

5. Where in NEWPORT will the project take place?

6. How much money are you requesting from NEWPORT TOWN COUNCIL?

(Maximum £500)

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7. Tell us the start date and end date of your project/ when you intend to spend the funding

Start date	End date
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8. What does your Organisation wish to spend on? What will you purchase and what project/ activities will they be used for?

9. Please provide a full breakdown of what you will do with the money. Give clear costings with exact figures. This funding cannot be used for items that have already been purchased or will be purchased prior to receiving the funds.

Item of expenditure	Cost of item (include VAT)	Amount requested from NTC
TOTAL	£	£

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10. Give details of additional sources of funding for this project or purchase. (Your application to NTC is not dependent on receiving funding from elsewhere.)

Source of additional funding	Amount	Status (confirmed/ awaiting outcome)
TOTAL	£	

11. Project beneficiaries

Who will benefit? How will they benefit? How many people will benefit?

13. How does your project contribute to any of the following:

- Community
- Environment
- Wellbeing
- Education

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14. DECLARATION – TO BE SIGNED BY ALL APPLICANTS

We declare that to the best of our knowledge and belief all the above information is correct.

I, _____ am an authorised representative

of: _____ (Name of organisation).

Signed _____ Date _____

I, _____ am an authorised representative

of: _____ (Name of organisation).

Signed _____ Date _____

The funding will not be used to pay for goods that have already been purchased.

The declaration must be signed by two people willing to be responsible for the content of the Application Form. If you are using an e-signature, please ask your second signatory to email in support of the Application, clearly stating the name of the applicant group.

CHECKLIST - Please ensure that you:

Read the Application Information	
Answer all the questions and sign the declaration	
Keep a copy of your completed application form	
Enclose a copy of your signed and dated constitution (if you have one)	
Enclose a copy of any notes to work out costings	
Please also e-mail in a copy to npclerk@newport-pembs.co.uk	

Please return your completed form to:
 Email: npclerk@newport-pembs.co.uk