

# NANTYGLO & BLAINA TOWN COUNCIL CYNGOR TREF NANT-Y-GLO A BLAENAU

Council Offices, Blaina Institute, High Street, Blaina. NP13 3BN

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Mrs T Hughes - Town Clerk/RFO Mrs N Horner – Assistant Officer

## Community Grant Application Form 2024/25

Please contact the Town Clerk if you require any information or assistance in completing the application form.

### Section 1: Contact Information

Applicant Name/Group Name:

Contact Name:

Contact Address:

Contact Email Address:

Daytime Telephone Number:

Your position in the group:

### Section 2: Tell us about your group

What category does your project fall into (please tick all relevant boxes):

Children/Education

Arts & Culture

Health & Wellbeing

Elderly

Environment

Active Lifestyles

Other

**Please provide a brief description of the activities you/your group undertake:**

In what year was the group founded?

Are you a registered charity?

Yes

No

If yes, please provide the registered number:

**If your application relates to sport**

Is the team a member of /or affiliated to a recognised sporting body?

Yes

No

If yes, which one?

**If your application relates to a children's group**

Have all the relevant DBS checks been completed?

Yes

No

**Please provide details of your organisations bank / building society account (if your application is successful, the grant will be paid directly to this account):**

Name of bank/building society account:

Name of bank or building society the account is held with:

Sort code:

Account number:

### Section 3: Tell us about the community activity you wish to support

Are you applying for, or receiving funding from another source?    Yes     No

If so, where from and how much?

Please explain what the community grant support will be used for?

How will your project benefit Nantyglo and Blaina?

## Section 4: Independent Reference Details

Please give the name of someone who can provide an independent reference on behalf of you/your group:

Job title/occupation of referee:

Referee contact address:

Email address:

Daytime phone number:

Relationship to the group

(if any):

## Section 5: To be completed for all applications

Please tick here to confirm that you have read and accepted the grant selection criteria:

Signed on behalf of (if you are applying on behalf of a group)

Signature:

Date: