

BAY OF COLWYN TOWN COUNCIL

APPLICATION FOR GRANT FUNDING

Please complete the form in block capitals using black ink.

If any question is not applicable please answer "Not Applicable".

FULL NAME OF PERSON MAKING APPLICATION:-

Name	
Address	
ADE(IF APPLICATION SUCCI	WHOSE BEHALF APPLICATION IS ESSFUL CHEQUE WILL BE ISSUED TO
Post Code	
Registered Charity Number	
	NAME OF TREASURER:-
Registered Charity Number AME OF SECRETARY:- Name	NAME OF TREASURER:-
Registered Charity Number AME OF SECRETARY:-	NAME OF TREASURER:-

NAME OF AUDITORS:- NAME OF BANKERS:-

Name	Name
Address	Address
Post Code	Post Code
Objectives or purpose of organisation:-	
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-	
Please state precise purpose for which	grant is sought, including the estimated cost of
any particular project-	
applied for from other sources including	or other financial assistance being obtained or ng Conwy County Borough Council and state
the amount of any monies raised volunt	arily in the locality towards the project:-
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Does your organisation have a written constitution? Yes / No
Please enclose a copy of the last audited accounts, Independent Examiner's Report or latest bank statements. Copy of Constitution not required. Items enclosed:-
Please state amount of grant applied for:- N.B. This section MUST be completed
Please state how the grant is to be used or allocated, including the number of persons residing within the area of the Town Council (Rhos-on-Sea, Old Colwyn, Colwyn Bay), who would benefit from the grant:-
Please give any other detailed information that may help with the consideration of this application:-

Please return completed application form together with supporting evidence to:

Mrs C J Earley MILCM, Town Clerk, Bay of Colwyn Town Council,

Town Hall, Rhiw Road, Colwyn Bay, LL29 7TE.

Data Protection

The information you provide on this form will be processed on a database, strictly for the purposes of your application and in accordance with relevant legislation.