LLAY

COMMUNITY 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".

Name____

Address

FULL NAME OF PERSON MAKING APPLICATION:-

]	Post Code			
	Email:			
			SE BEHALF APPLICATION IS	
	IF APPLICATION SUCO DDRESS): -	CESSFU	L CHEQUE WILL BE ISSUED T	
	,			
-				
-	Post Code			
	Registered Charity Number			
IAME (OF SECRETARY:-		NAME OF TREASURER:-	
Name_			Name	
Address	<u> </u>		Address	
Post Co	de		Post Code	
Name_			Name	
Address	<u> </u>		Address	

Objective	es or purpose of organisation:-	
	5 of purpose of organisation.	
	tte precise purpose for which grant is sought, including the estimateular project & approximate number of Llay Residents who will be	
-		
other fina Wrexhan	we Geographical Area covered by Organisation & full details of any uncial assistance being obtained or applied for from other sources a County Borough Council and state the amount of any mon	incl
voluntari	y in the locality towards the project:-	

If the society, body or organisation is now functioning, please enclose a copy of the last audited accounts, Independent Examiner's Report or latest bank statements, which must be dated within 30 days of the date of the meeting when the application will be considered.

tems enclosed:-						
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:-

LLAY COMMUNITY COUNCIL Mark J Williams (Clerk) 10, Lodge Road Wrexham, LL11 2DD Email: markj.williams@hotmail.co.uk

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.