NEWLANDS COMMUNITY BENEFIT FUND

APPLICATION FORM

(Ward of Margam)

1.1 Name of Organisation		
1.2 Address of Organisation		
Postcode		
1.3 Contact Person		
Position		
Daytime contact phone no. Email		
bout your Organisation		
1.4 What does your organisation do? Include your aims ar achieves these.	nd objectives a	nd how it
1.5 Do you have a constitution or similar document?	Yes	No
Have you a Bank Account in the name of the Organisa	tion? Yes	No
	(Please tick as	appropriate)
A constitution is the governing document which states what your organisation does and wher have a constitution or similar document, you will NOT be eligible for this grant scheme. If you		

Your organisation's financial details

1.6 Please give us details of your group's bank account.

	count		
Bank / building society name			
Bank / building socie	ety address		
Sort Code		Account number	
Building society roll	number (if applicable)		
Please give the name	es of two bank signatories	and their positions	in your organisation.
1 Name		Position	
2 Name		Position	
Your project in no			a the Fund
Criteria	eed of funding and h	ow it addresses	s the rund

ne grant : what outcom	nes do you hope to see as a		pate as a result of grant?
Project Costs	3		
-			
3.1 Please provide a b	preakdown of the total cos	st of this proj	ect.
Item		£ Amount Tick if you are	
	2 / unodit		for this item from this grant scheme
			grant conomo
Total amount required	d for the whole project	£	
		£	c
3.2 How much money	are you asking for?		£
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3.2 How much money How much have you ra funders and amounts b Total Project Cost 4.1 Other Information Start date	r are you asking for? ised elsewhere for this projector - Timescale of this projector	ect? Please lis	£ £ £

Declaration

- I am authorised to make the application on behalf of the organisation.
- I certify that to the best of my knowledge the information contained in this application is correct.
- If the information in the application changes in any way I will inform the Newlands Community Benefit Fund immediately.
- I further confirm that if successful, the organisation agrees to the following conditions:
 - Use the grant only for the purpose in the offer letter
 - The documentation submitted under this scheme have not been used to claim grant aid from other sources for the same expenditure
 - Complete an Project Completion Report as requested
 - Agree to take part in any publicity of the grant as required

Name	Position
Signed	Date

Checklist

Please ensure you enclose th	e following or you	r application may not be
considered		

A signed and dated constitution (if you do not have a signed copy we still require an unsigned copy together with a copy of the minutes of the meeting at which it was adopted. If you don't have a constitution please contact us) Schools Exempt
Audited Accounts. If new organisation please provide a copy of current bank statement (showing the account name and details) Schools exempt
Insurance Policy (appropriate to the project, facility or activity to be developed)
Lease Agreement (where applicable)

IMPORTANT

Please ensure that you have answered every question as incomplete application forms may not be considered. The Grant Management Organisation reserves the right to carry out spot checks and monitoring on a cross section of successful bids. We may ask to see evidence of your expenditure, such as receipts or invoices.

Please return your application to:

Newlands Community Benefit Fund
c/o The Project Development & Funding Unit
Neath Port Talbot County Borough Council
Room 307B

Civic Centre

Port Talbot - SA13 1PJ