

## FFOS-Y-FRAN SMALL GRANT APPLICATION FORM

PLEASE PRINT

Name of Group / Organisation	
Location of Project	
Contact Person	Position in the Group
Full Correspondence Address	
	Postcode
Phone: Home	. Mobile
E Mail (if applicable)	
Type of Group (Please Tick)	
<ul><li>Community Group</li><li>Residents Association</li><li>Sports Club / Group</li><li>Religious Group</li></ul>	<ul><li>Voluntary Group</li><li>School Group</li><li>Youth Group</li><li>Senior Citizens Group</li></ul>
O Other (Please Specify)	
Does your organisation have a safeguarding	policy? Yes/No
Brief description of the group	
What does your group want to do with this av	<i>w</i> ard?
How does your use of the award benefit the	community (i.e. the people)?
How does your use of the award benefit the I	local area (i.e. the environment)?
Number of people and the area that will dire	ectly benefit from the award:

Has your group raised or will you contribute any money of your own towards the project. If yes how much?		
Who will take long-term responsibility / maintenance for the	project after the award?	
Please give details what you will need and how much it co application form). (Continue on separate sheet if necessary		
ITEM	COST£	
Total applied for Inc VAT		
All recipients of an award are required to provide receipts, wher accordance with the approved application details. Where confirmation/bank statements should be forwarded to the Commit Borough Council by the recipient organisation stating that the mapplication. Failure to provide the required information will result organisation and a requirement to repay the funding awarded.	it is not possible to provide receipts then written unity Regeneration Department at Merthyr Tydfil Council onies have been used in accordance with the approved	
All applications supported from the Ffos-y-fran Small Grant Solutional, environmental or leisure emphasis.	cheme must support local community projects with an	
In order that both the Ffos-y-fran "Small Grant Scheme" and the any organisation or community group will only be allowed to ma either the Ffos-y-fran Small Grant Scheme or Biffa Community Fu	ke one successful application per 12 month period from	
I / We confirm that the information provided is accurate to the discrimination on account of, but not limited to, disability, race, corientation or marital status.		
SIGNED:(POSITI	ION IN GROUP)	
PRINT NAME:DATEDATE		
Please hand forms back to a Councillor for the are	ea your Group / Organisation operates in.	
Electoral Division Counc	:illors signatures:	
SIGNED:		
PRINT NAME:		
SIGNED:		
PRINT NAME:		
SIGNED:		
PRINT NAME:		
SIGNED:		
PRINT NAME:		