

APPLICATION FOR FINANCIAL ASSISTANCE FROM THE WELSH CHURCH FUND IN THE FINANCIAL YEAR 2024/2025

 administered by Torfaen County Borough Council

Closing dates for receipt of all completed application forms are:**30 April 2024/** **31st July 2024 / 31st Oct 2024 / 31st Jan 25**

Decisions will be communicated within 14 days of closure date to contact as stated in 2a

|  |  |
| --- | --- |
| **1.** | **ORGANISATION DETAILS:** |
| **a** | Name and full postal address of Organisation that will benefit from an award |  |
| b | What does your Organisation do? |  |
| **c** | **How long has your Organisation been running?** |  |
| **d** | Is the Organisation registered as a Charity? | **YES****NO** |
| **e** | **If yes, what is its Charity number?** |  |
| **f** |  **Payment Details:** **Name in which account is held****Sort Code** **Account Number** **Roll/Other Number***(only required for Building Societies)****Maximum grant of £200 if application is successful. Payment to successful applicants will be made by direct bank transfer – please ensure correct bank details are provided.*** | **……………………………………………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  **/** |  |  |  **/** |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**……………………………………………….** |
| **2.** | **CONTACT DETAILS:** |
| **a** | **Name of Contact**  |  |
| **b** | **Address of Contact** *(if different from above in 1a)* |  |
| **c** | **Telephone / E-mail contact details** | Daytime 🕿: ………………………………...Evening 🕿: ………………………………...Email : …………………………………... |

|  |  |
| --- | --- |
| **3.** | **PROJECT DETAILS:** |
| **a** | How much money are you asking for from the Welsh Church Fund towards your project? (Maximum of £200) | **£ ……………….** |
| **b** | **What do you require the funding for?**(*continue on a separate sheet, if necessary)*  |  |
| **c** | **Who/How many will benefit from it?** |  |
| **d** | Has the organisation previously applied for a Grant from the Welsh Church Fund? If yes, in which year and amount? | **YES****NO****…………………. £ ……………** |
| **e** | Have any other bodies or Council Departments been approached for assistance? If so, which and with what results, if known? |  |

|  |  |
| --- | --- |
| **4.** | **FINANCIAL DETAILS:** |
| **a** | **Please set out the costs for the whole of the project for which you are applying** *(These should include all running and equipment costs. Please provide as much information as possible including where appropriate, costings, estimates, etc.)* |
|  | **PROJECT BUDGET** |
|  | **Description of Expenditure** | **COST (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total Cost of Project (£)** | **£**  |
| **b** | **Are you using any of your organisation’s own funds towards the cost of the project?****If so, how much?** | **£ ……………….** |
| **c** | Can you tell us briefly what your organisation gives to your community *(such as volunteer hours, premises, equipment, fund raising etc.)*? This helps us to build a picture of the value that voluntary groups, such as yours, give to their community. |  |

Please supply a copy of your last annual accounts – these will be treated in confidence

|  |  |
| --- | --- |
| **5.** | **PROJECT MANAGEMENT AND EVALUATION:** |
| a | **If you receive funding for the project, when will it start and finish? (actual / projected)** | **Start Date: ………………………………….****Finish Date: ………………………………...** |

6. AUTHORISATION DETAILS

6a To ensure that organisations are applying for funding with the consent of their Governing Committee, can the Chairperson *(if this is not the contact person)* or other authorised officer *(stating their position)* sign the application please.

Name (Print) …………………………………………………………………………………

Signature ……………………………………………………………………………………….

Position in Organisation ………………………………………………………………………

Date …………………………………………………………………………………………….

6b Signature of contact person for the project

Name (Print) …………………………………………………………………………………...

Signature ………………………………………………………………………………………

Position in Organisation ………………………………………………………………………

Date …………………………………………………………………………………………….

WHEN COMPLETED THIS FORM SHOULD BE RETURNED TO:

**Email: Helen.Jenkins@torfaen.gov.uk**

Please check that you have:

* Filled in all the questions – Incomplete forms may result in delays to your application
* Enclosed copies of recent accounts
* Entered accurate bank details otherwise payment cannot be made
* Ensure the application is submitted before the closing date

For internal use only

Date of Panel:

Attendees:

Comments:

Approved / Rejected