



CYNGOR CYMUNED
RHOSLLANNERCHRUGOG
COMMUNITY COUNCIL
APPLICATION FOR COMMUNITY GROUP KICK START
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 _____ _____ _____
Post Code _____
Telephone _____
Email: _____

NAME OF ORGANISATION ON WHOSE BEHALF APPLICATION IS MADE (IF APPLICATION SUCCESSFUL CHEQUE WILL BE ISSUED TO THIS ADDRESS): -

Name _____
Address _____ _____ _____
Post Code _____
Registered Charity Number _____

NAME OF SECRETARY:-

Name _____
Address _____ _____ _____ _____
Post Code _____

NAME OF TREASURER:-

Name _____
Address _____ _____ _____ _____
Post Code _____

NAME OF AUDITORS:-

Name _____
Address _____

Post Code _____

NAME OF BANKERS:-

Name _____
Address _____

Post Code _____

Objectives or purpose of organisation:-

Please state precise purpose for which grant is sought, including the estimated cost of any particular project-

Please give full details of any grants or other financial assistance being obtained or applied for from other sources including Wrexham County Borough Council and state the amount of any monies raised voluntarily 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.

Items 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:-

RHOSLLANNERCHRUGOG COMMUNITY COUNCIL
BRYN MAELOR, STRYT PEDR, RHOS, WRECSAM LL141RG
BRYN MAELOR, PETER ST., RHOS, WREXHAM, LL14 1RG
Rhif Ffôn / Telephone (01978) 840007
Ffacs/fax (01978) 840007
e.mail wendyowens1@hotmail.com
rhoscomcouncil@outlook.com

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.

TO ALLOW FOR BACS PAYMENT PLEASE GIVE DETAILS OF BANK ACCOUNT:

BANK: _____

BANK ACCOUNT NUMBER: _____

BANK SORT CODE NUMBER: _____

(Data Protection Act 2018)

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