

**CLWYD COMMUNITY CHEST**  
**Registered Charity No 516663**  
**GRANT APPLICATION FORM**

- 1 Name of the Group/Organisation applying for a grant:  
\_\_\_\_\_
- 2 Name of person submitting application: \_\_\_\_\_  
Position held in the Group/Organisation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Post Code: \_\_\_\_\_
- Tel No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
- 3 When was your group established? \_\_\_\_\_ Month \_\_\_\_\_ Year  
If your Organisation/Group is a Registered Charity please put the  
registration number here: \_\_\_\_\_
- 4 How many Committee Members do you have? \_\_\_\_\_  
Do you have any paid staff: Yes No If yes, how many \_\_\_\_\_  
How many Volunteers do you have? \_\_\_\_\_
- 5 What is the main activity of your Group/Organisation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

6 Tell us about the project that you want funded. How many people would benefit from this grant?

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7 Tell us how much money you are applying for [£     ]  
And the total cost of the project                    [£     ]

Funding is available for capital and revenue expenditure and the maximum grant awarded is £250. If you are holding free reserves of more than 6 months running costs, please explain why you are not making a contribution towards the project cost. If you are applying for capital items you must supply a copy of an estimate or quote of the costs involved [this can include a photocopy from a catalogue].

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8 If you are asking us to part fund your project please tell us which other funders have been approached for funding and whether those applications have been successful.

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9 Is there anything else that you would like to say in support of your application?

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10 If your application is successful, the grant will be paid directly into your bank account, so please give us your financial details here and confirm the number of signatures required for withdrawals

Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account No: \_\_\_\_\_

Number of signatures required for withdrawals [     ]

## 11 Declaration

I confirm, on behalf of the applicant Organisation/Group [which operates within the former County of Clwyd], that I am authorised to submit this application and that the information I have provided is correct and true.

I hereby agree on behalf of the applicant organisation/group that, if this bid is successful, DVSC can publicise such details as they consider appropriate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this application and return it to Clwyd Community Chest, c/o Denbighshire Voluntary Services Council, Naylor Leyland Centre, Well Street, Ruthin, Denbighshire LL15 1AF.

Please ensure that you include the following with this completed application form:

- a) A constitution or set of rules for the Group/Organisation submitting the application. The constitution must be dated and signed as being adopted.
- b) Copies of the last two Annual Statements of Account - these Statements must be dated and signed as a correct record of the Group/Organisation's financial activities. If you are a new group which has not, as yet, completed a full year of operation please send us a copy of your most recent bank/building society statement with an estimate of your income and expenditure for the 1<sup>st</sup> year.
- c) Copy/ies of quotations/estimates used to calculate the costs of this project [if you are applying for capital items].