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Date received			
Supp Information in order	Y	N	
PCR form received	Y	N	N/A
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**APPLICATION FORM
Selar Community Benefit Fund
(Ward of Glynneath)**

1.1 Name of Organisation

1.2 Address of Organisation
Postcode

1.3 First Contact Person	Second Contact Person
Position	Position
Daytime contact phone no.	Daytime contact phone no.
Email	Email

About your Organisation

1.4 What does your organisation do? Please give as much detail as possible about what your organisation does including your aims and objectives and how it achieves these.

1.5 When was your organisation established?

1.6 Do you have a constitution or similar document? Yes No

Have you a Bank Account in the name of the Organisation? Yes No

(Please tick as appropriate)

A constitution is the governing document which states what your organisation does and where and how you achieve it. If you do not have a constitution or similar document, you will NOT be eligible for this grant scheme. If you have a query, please contact us.

1.7 Which of the following best describes your work/services?

(Please tick those applicable).

- | | |
|--|---|
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Services for Children & Young People |
| <input type="checkbox"/> Health & Well Being | <input type="checkbox"/> Services for Older People (50+) |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Work in disadvantaged communities |
| <input type="checkbox"/> Energy Efficiency | <input type="checkbox"/> Other, please state |

Your organisation's finances

1.8 Please provide the following information:-

(a) Total income in the last financial year:
(b) Total amount spent in the last financial year:
(c) Current savings or unallocated funds:
If amount (c) over £5,000, please explain:

Your organisation's financial details

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

Group Name on Account	<input type="text"/>		
Bank / building society name	<input type="text"/>		
Bank / building society address	<input type="text"/>		
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/>
Building society roll number (if applicable)	<input type="text"/>		

Please give the names of two bank signatories and their positions in your organisation.

1	Name	<input type="text"/>	Position	<input type="text"/>
2	Name	<input type="text"/>	Position	<input type="text"/>

Your project in need of funding and how it addresses the Fund Criteria

2.1 Please describe the project for which you request the grant and its location.

Your answer should describe which activity/ies you need a grant for and how the funding will help to deliver the aims & objectives of your project.

2.2 How have you identified the need for the project? Please state if there are any similar organisations in the area and how your work differs.

2.3 What genuine long term community benefits do you anticipate as a result of the grant? What outcomes do you hope to see as a result of the grant? Describe the community or beneficiaries with which you work.

2.4 How many people will benefit from this project? We want to know how many people will be involved in the activities that the grant will fund. It is important that you give as much information as possible to ensure we assess your application appropriately.

2.5 Timescale of this project

Start date	Finish date	Or ongoing (please tick)
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2.6 Demonstrate how the project will be sustained after the investment of grant aid? How will the project be maintained?

2.7 How will you measure the progress and success of this project?

Project Costs

3.1 Please provide a breakdown of the total cost of this project excluding VAT

Item	£ Amount	Tick if you are applying for this item from this grant scheme
Total amount required for the whole project (exclusive of VAT) (A)		
Total VAT for this project (B)		
Total Project cost (A)+(B)		

Is your Organisation registered for VAT and able to recover this element of the project?

Yes No (please tick as appropriate)

If so please provide VAT Registration Number _____

Written estimates from suppliers **MUST** be supplied for **ALL** items requested or your application may not be considered.

3.2 How much money are you asking us for? <i>(it is a requirement of the Community Fund that there is a 20% match funding element for requests of over £15,000)</i>	£
How much have you raised elsewhere for this project? Please list funders and amounts below	
	£
	£
	£
Please list other funders you have applied to for this project but not yet received approval, the respective grant amounts and the date outcome of the application will be known. (If you have failed to attract match funding please list the sources you have explored and exhausted).	
	£
	£

3.3 Referee

The referee must be a professional person or person of standing in the community. Examples include bank officials, police officers, ministers of religion and people with professional qualifications (teachers, accountants, solicitors etc) –not local Councillors, Panel Members or the Clerk due to the potential conflict of interest.

Name

Relationship to your organisation :

Address

Postcode

Email

Phone

3.4 Other Information – please outline any other information you feel we should be aware of that would strengthen your bid to the fund.

4.1 Where did you hear about this grant scheme?

4.2 If your grant is approved may we use your organisation as an example to promote our work? (Please tick as appropriate)

Yes **No**

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 Selar 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 invoices submitted under this scheme have not been used to claim grant aid from other sources for the same expenditure
 - Complete an end of project monitoring form as requested
 - Agree to take part in any publicity of the grant as required
 - Not to use the funding for any projects that conflict or adversely affect the aim, objectives or policy of Celtic Energy Ltd or any of its associated companies

Name	Position
Signed	Date

Checklist

Please ensure you enclose the following or your 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
- Three Quotes **MUST** be supplied for **ALL** single items of equipment and for all Capital items/Works over £500 (Capital Works over £2,500 to be supported by a clear written Specification)
- 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.

Please return your application to:

Neath Port Talbot County Borough Council
Education, Leisure and Lifelong Learning
Project Development and Funding Unit
Room 307B
Civic Centre
Port Talbot
SA13 1PJ

**For Further Information Contact
01639 763390**