

Application for Financial Assistance

from the Council's Welsh Church Fund (*a registered charity*)

Name and Address of Organisation

Tel no _____

Address of Organisation's Hall, Meeting Place or Local Base

(if different from above. Full address must be given)

Tel no _____

Name, address and designation or office of person authorised to make application on behalf of the organisation

Tel no _____

Registration Charity number or Organisation (if registered as a Charity) _____

Brief Description of Organisation's Aims and Objective

Details of Specific Purpose for which this Application is made

(Please provide as much information as possible including, where appropriate, costings, estimates, sketch plans etc. Continue on a separate sheet if necessary)

Has the Organisation made previous Application(s) to this or any other Welsh Church Fund?

YES NO

If “YES”, please advise when and the result.

Have any other Bodies, Councils or Departments of this Council been approached for assistance?

YES NO

If “YES”, which and with what result, if known.

Include here any further information you consider might be helpful to the Council in determining your application.

I hereby apply to Newport City Council for assistance from the Welsh Church Fund on behalf of the Organisation shown. I confirm that the application has been authorised by the Organisation.

Signed _____ Date _____

Your completed application should be returned to the **Head of Finance**, Civic Centre, Newport, South Wales, NP20 4UR. Tel: 01633 210778/210779 Fax number 01633 244721

Please include with your application a statement of the Organisation's current financial position, together with a copy of the latest available audited Balance Sheet and Statement of Account.
