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**BLACKWOOD TOWN COUNCIL**  
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**APPLICATION FOR FINANCIAL ASSISTANCE**  
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1. NAME AND ADDRESS OF ORGANISATION

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2. STATED AIMS AND OBJECTIVES OF ORGANISATION

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3. KEY OFFICERS

Please give Name, Address & Telephone Number of Officers representing your Organisation  
(Normally Chairperson, Secretary, Treasurer)

Name : .....	Name : .....	Name:.....
Address: .....	Address: .....	Address:.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
Tel. No.: .....	Tel. No.: .....	Tel.No.: .....

4. GIVE DETAILS OF TOTAL NUMBER OF MEMBERS AND NUMBER OF MEMBERS WHO  
RESIDE IN BLACKWOOD TOWN COUNCIL AREA -

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5. GIVE DETAILS OF TOTAL NUMBER OF PERSONS BENEFITTING FROM YOUR ORGANISATIONS SEVICES AND NUMBER WHO RESIDE IN BLACKWOOD TOWN COUNCIL AREA

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6. GIVE INFORMATION ON WHAT SPECIFIC USE THE FINANCIAL ASSISTANCE IS REQUIRED – PLEASE GIVE DETAILS OF COSTINGS/ QUOTES, TOGETHER WITH OTHER SOURCES OF FUNDING (INCLUDING OTHER GRANTS AWARDED AND/OR APPLIED FOR

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7. PLEASE GIVE DETAILS OF HOW YOUR ORGANISATION IS GENERALLY FUNDED, AND PROVIDE A COPY OF YOUR PREVIOUS YEARS FINANCIAL ACCOUNTS, INCLUDING BALANCE SHEET / BANK BALANCES

8. SIGNATURE OF PERSON COMPLETING APPLICATION

Signature.....Date.....

Please forward completed application to - John Hold,  
Clerk to Blackwood Town Council, Heddfan,  
12 Aspen Avenue, BLACKWOOD, NP12 1WW.  
Telephone 01495 224636