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**CYNGOR TREF PONTARDDULAIS TOWN COUNCIL**

**APPLICATION FOR FINANCIAL ASSISTANCE**

1. **Name of Group:**

**Address:**

**Telephone:**

**E-mail:**

**Contact name:**

1. **Please provide a summary of your organisation’s objectives and core activities (max 50 words):**

£

1. **Please state the amount you are requesting:**
2. **What would your organisation spend this money on? (max 100 words)**
3. **How would this benefit the community in Pontarddulais? (max 100 words)**

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

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return your completed application form, along with a copy of your latest balance sheet to:

Aneurin John

Clerk to the Council

Cyngor Tref Pontarddulais Town Council

The Institute

45 St Teilo Street

Pontarddulais

SA4 8SY

Tel No’s Office: 01792 883348

Home: 01792 885890

Mobile: 07791160219

Email: pontarddulaistowncouncil@yahoo.co.uk

**PLEASE NOTE THE CLOSING DATE FOR RECEIPT OF APPLICATIONS IS THE 16TH FEBRUARY. APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.**

**IF YOU ARE SUCCESSFUL THE MONEY WILL BE TRANSFERRED ELECTRONICALLY INTO YOUR BANK. PLEASE SUPPLY THE FOLLOWING BANK DETAILS:**

**Name of account:**

**Sort code:**

**Account number:**