

Officer Use Only	
Date application received	
Minute number	

Radyr & Morganstown Community Council Cyngor Cymuned Radur a Threforgan

The Old Church Rooms Park Road Radyr Cardiff CF15 8DF

Grant Application Form

The Clerk and/or Chair of Finance is happy to help applicants complete the form. Name of organisation Date of Application Status of organisation: Charity Registered charity number Other (please state) Address Telephone Number **Email address** Website **Contact Name** Position (someone who has full knowledge of this application) Address (if different form above) Telephone Number

What are the aims and objectives of your organisation?

What do you require the grant fo	r?	
How have you identified a need	for the project?	
For amounts over £500 please a	ttach your last audited accounts.	
How will the project improve the	quality of life for people who live i	n, work or visit R&M?
What are the consequences of n	ot undertaking this project?	
When will the project/activity sta	rt and finish?	
NA 111 1 11 1 10 10 10 10 10 10 10 10 10 1		
Who will benefit from the grant?		
Adults Children (up to 11yrs) Men The whole community	Older adults Young People (12 – 18yr Women	s)
How many beneficiaries of the project/activity live or work in R&M? How have you come to this conclusion?		
Please provide a full budget for the project, including that you wish R&MCC to support		
Item	Total Cost	Amount requested from R&MCC

Amount requested:

Total			
Total			
How will you raise any outstan	iding balance?		
, ,	0		
Have you made an application If so please tell us who they ar			
FUNDER	AMOUNT	AMOUNT	RESPONSE
	REQUESTED	AWARDED	DATE
	(1)		
How will you know if the project	ct has been successful?		
Lleve very sentent of the DOMG	20 01		
Have you contacted the R&M0	C Clerk a Community Col	uncilior regarding this	application?
☐ R&MCC Clerk			
R&M Community Coun	cillor		
In the event that your applicati made payable:	on is successful please sta	ate to whom the grant	t cheque should be
made payable.			
COMMITTEE			
Chairperson	Telephone		
Chairperson Treasurer	Telephone Telephone		

I confirm that the information contained within this form is correct and that I have attached the required documents		
Name	Position	
Signature	Date	

Please return the completed application form and supporting documents to:

R&MCC Clerk Old Church Rooms, Park Road, Radyr, Cardiff CF15 8DF

R&MCC Clerk – 02920 842213 Email: clerk@radyr.wales

Checklist - In order for your application to be considered, the following documents are required

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Fully completed application form
Evidence of cost (quotations)
Audited accounts: for applications over £500.00