

For Office Use Only	
Date application received	
Decision	
Minute Ref	
Amount of grant	
Date grant Paid	
Cost Code	

Radyr & Morganstown Community Council Cyngor Cymuned Radur a Threforgan

The Old Church Rooms Park Road Radyr Cardiff CF15 8DF

Grant Application Form 2023/24

Thank you for your enquiry about applying for a grant.

Please complete & return this application form with all supporting documentation to:

Clerk to the Council Radyr & Morganstown Community Council, Old Church Rooms, Radyr, Cardiff CF15 8DF.

Alternatively, you can submit the form via e-mail to clerk@'radyr.wales

If you would like assistance in completing this form or have any questions about it, please contact the Council on 02920 842213/07463238534

1.	Name of organisation	Welsh Air Ambulance Charitable Trust (Wales Air Ambulance)			
2.	Contact Address	Ty Elusen, Ffordd Angel, Llanelli Gate, Dafen. SA14 8LQ			
3.	Telephone number/ contact number	07973882440			
4.	Meeting Place or Venue (where your activities take place)	Our lifesaving service covers the whole of Wales, we have 4 airbases in Llanelli, Cardiff, Welshpool and Caernarvon.			
5.	Website (if any)	www.walesairambula	ance.com		
6.	Status of organisation	Charity	Other	Charity/Company number	

		x		1083645
7.	Date your organisation was established. (The Council would wish to be assured that any organisation we support is sustainable.)	March 2001		
8.	Contact Name	Hannah Mitchell		
9.	Position (within organisation)	Grants and Trusts Fur	ndraiser	
10.	What are the aims and objectives of your organisation	advanced medical car wherever they need it, communities. Wales A and is often described and critical care practi the most pioneering m deliver blood transfusi	ce, our mission is to del e to people across Wale which includes the Rac ir Ambulance offers advas a 'Flying ED'. The o tioners are highly skilled edical equipment in the ons, administer anaestreat the scene of the incitialist care.	es whenever and dyr and Morganstown vanced critical care n-board consultants d and carry some of world. They can nesia and undertake
11.	Purpose for which the grant is sought	Like all charities, we a the cost of goods and deliver our lifesaving s your help. We need to	re feeling the impact of services. As a result, the ervice has risen signification to know the esponse vehicles on the	e amount required to cantly, and we need eep our 4 helicopters
12.	How have you identified the need for this project	With your support, we injured. This includes bed suffered a cardiac Air Ambulance was dis department-standard t gave David a general breathe for him. This county but also protected his David's treatment, Journal Liaison Nurse, said: "Touritical. It is only possifute Wales Air Ambulant consultants on board. reaching the specialist said: "I am forever granted in the wouldn't be here."	are able to help those we people like David, who we arrest and was left fight spatched and provided areatments in his home. anaesthetic and placed course of treatment not obtain from long-term injude yeoman, Wales Air Amble procedure is delicated to be and the fact that we David had the best post at hospital." Following the full to the Wales Air And thing they've done for the "Te."	who are critically ill or whilst getting ready for ting for his life. Wales emergency Our onboard medics him on a ventilator to only saved David's life ury. Speaking about bulance Patient e, complex and time-environment through a have experienced sible care before this recovery, David mbulance Charity and I me. If it wasn't for
13.	Amount Requested	Any amount of donation	on would be gratefully re	eceived
14.	For amounts over £500 please attach your last audited accounts.			
15.	How will the project improve the quality of life for people who live in, work, or visit Radyr & Morganstown.	3368 missions, with 4 Radyr and Morganston airbase and operates	/7, 365 days a year and 12 in your region of Caro wn communities. Cardiff our night-flying service, road incidents, cardiac	diff, which includes the f is by far our busiest attending

	What are the consequences of <i>not</i> undertaking this project?	We attend the memory department and attendance to the road ambulance patient care and	artmer rapid r ese pa servid	at care to the esponse vel atients would be, which wo	e people who hicles. Without d rely on the ould in turn a	o need out thit alrea	d it most via our is service, ady stretched
	When will the project/activity start and finish?	Continuous					
18.	Who will benefit from the grant? (tick those which apply)						
	Adults Older Adults Children (up to 11) Young people (12-12) Men Women The whole community	X X X X X					
19.	How many beneficiaries of the project/activity live or work in Radyr & Morganstown? How have you come to this conclusion?	Our 2022 stats s Morganstown, 10 of the missions v similar numbers	6 by R	tapid Respo o children. V	nse Vehicle Ve anticipate	and 2 the s	2 by helicopter, 3
20.	Please explain how your project will reflect the social and cultural makeup of our community.	We attend to any	yone v	vho needs o	ur service		
21.	Please provide a full budget for the project, including how much you wish the Council to contribute.	Item Total Cost £11.2 M			Any	ount Requested donation lld be gratefully eived	
	Total						
22.	How will you raise any outstanding balance?	We send an app fundraise throug charity shops, co house Lifesaving	h indiv orpora	/idual donat te donations	ions, legacie	es, co	mmunity events,
23.	Have you made an application to other funders for this project/activity? Or do you intend to?	Funder Please see	Amo	•	Amount Awarded		Response Date
	If so please tell us who they are, how much you have requested and when you expect a response.	statement above					

24.	How will you know if the project has been successful?	By providing our service to the people of Radyr and Morganstown in 2024						
25.	In the event that your application is successful please provide details of the bank account to which	Sort Code		Account Number				
	payment should be made:							
26.	Your Committee		Chair Treasurer		rer Secretary Stephens James Steph		•	
		Sue Barnes James S					es Stephens	
27.	I confirm that the information contained within this form is correct and that I have attached the required documents	Name	Position		Signature		Date	
		Hannah Mitchell	Grants and Trusts Fundraiser		H. Mitchell		24/11/23	

Please return the completed application form and supporting documents to:

Radyr & Morganstown Community Council, Old Church Rooms, Park Road, Radyr, Cardiff CF15 8DF

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

Where applicable, please include the following documents..

Please tick:

Fully completed application form
Evidence of cost (quotations)
Audited accounts: for applications over £500.00
Copy of your organisation's Governing Documents (Constitution, Terms of Reference)
Equal Opportunities Policy.
Safeguarding policy (if working with vulnerable adults)
Child Protection Policy (if working with children/ young people)

If the Council award a grant, you will be required to include our logo on any promotional material etc and indicate that the Council has supported the activity.

Applicants are also encouraged to produce any associated publicity material bilingually (Welsh and English.)

You may also be required to complete a monitoring form to indicate how the money has been spent.

Details of how the Council use your information can be viewed at our website.