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

Grant Application Form 2026/27

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, don't hesitate to get in touch with the Council via e mail or telephone 02920 842213

Organisation Name	
Contact Name – Position (within the organisation)	
Contact Address	
Telephone number/ contact number	
Meeting Place or Venue (where your activities take place)	
Website (if any)	

What is the legal status of your organisation? (Please tick one that applies)	☐ Registered Charity ☐ Community Group ☐ Social Enterprise ☐ Limited Company ☐ School or Educational Institution ☐ Other (please specify): _____

If applicable, please provide your registration number. Charity/Company Number:	
Date your organisation was established.	
What are the aims and objectives of your organisation?	
What is the purpose of this grant? (Please explain why you need the grant and how it will be used)	
Why is this project needed? (Please explain how you know this project is necessary)	
Amount Requested (For amounts over £500 please attach your last audited accounts)	
How will the project improve the quality of life for people who live in, work, or visit Radyr & Morganstown? (Please explain how it will help those who live, work, or visit the area)	
What will happen if this project doesn't go ahead? (Please explain any negative outcomes or missed opportunities)	
When will the project/activity start and finish?	

Who will benefit from the grant? (Please tick all that apply)	☐ Adults (18-64) ☐ Older Adults (65+) ☐ Children (up to 11) ☐ Young People (12-17) ☐ Men ☐ Women ☐ People with disabilities ☐ Families ☐ Specific cultural/ethnic group (please specify): _____ ☐ Low-income individuals or households ☐ The whole community ☐ Other (please specify): _____

How many beneficiaries of the project/activity live or work in Radyr & Morgantown? How have you come to this conclusion?	

Please provide an initial budget for the project, including how much you wish the Council to contribute.	Item	Total Cost	Amount Requested
Total		£	£

How will you raise any outstanding balance?	

	Funder	Amount Requested	Amount Awarded	Response Date
Have you applied, or do you plan to apply for funding from other organisations for this project or activity? (If yes, please tell us who you applied to, how much you asked for, and when you expect to hear back.)				

How will you know if the project is a success?	

Your committee				
	Name	Signature	Date	
chairperson				
Treasurer				
Secretary				

PLEASE NOTE – ALL APPROVED GRANTS ARE MADE ON THE UNDERSTANDING OF RECEIVING ANY SUPPORTING PHOTOGRAPHS & COMMENTARY OF THE EVENT, FOR RMCC TO UPLOAD TO OUR WEBSITE/SOCIAL MEDIA PLATFORMS

Please return the completed application form and supporting documents to:

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

Email: clerk@radyr.wales

Where applicable, please include the following documents...

Please tick:
☐ **Completed Application Form**
☐ **Evidence of Costs** (e.g., quotations, estimates)
☐ **Audited Accounts** (required for applications over £500)
☐ **Copy of Governing Documents** (e.g., Constitution, Terms of Reference)
☐ **Equal Opportunities Policy**
☐ **Safeguarding Policy** (if working with vulnerable adults)
☐ **Child Protection Policy** (if working with children or young people)

If the Council awards a grant, you must 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 https://radyrandmorganstowncc.org/

If your application is successful, please provide details of the bank account to which payment should be made:	**Account Number**	**Sort Code**
I confirm that the information contained within this form is correct and that I have attached the required documents.		
Signature		
Name (in block capitals)		

Position	
Date:	