

# **CYNGHRAIR SEIRIOL ALLIANCE**

### **COMMUNITY GRANT APPLICATION FORM**

Applications for grants are welcome from individuals, groups, and organisations living/ based in the Seiriol Ward. All applications should meet our charitable objective:

"To develop the capacity and skills of socially, economically or otherwise disadvantaged members of the community of Seiriol and the surrounding area, in such a way that their needs can be more effectively identified and met and that they are empowered to participate more fully in society"

The Cynghrair Seiriol Alliance Community Fund is available to support activities and projects that improve people's wellbeing, maintain their independence, and promote strong and resilient communities.

Where relevant, applications should show evidence of consultation with the wider community and have links with the priorities identified in the initial consultation for the Seiriol Alliance:

- Transport
- Health and wellbeing
- Communication
- Community building and activities
- Environment.

Applications are welcome at any time and will normally be considered by the Cynghrair Seiriol Alliance trustees at their next quarterly meeting. If it is clear from an application that a decision is needed more quickly, this will be undertaken in a special meeting.

Applicants are reminded that the Cynghrair Seiriol Alliance funds are very limited. Normally the <u>maximum</u> grant given is £500 and the Alliance will only fund up to 70% of the amount requested. However a larger amount and/or 100% funding may be considered in special circumstances.

Please complete the application form below and send it with any supportive documents to Cynghrair Seiriol Alliance either by post or email:

Canolfan Hamdden Beaumaris, Rating Row, Beaumaris, Anglesey, LL58 8AL Tel: 811200

#### Email: ctdseiriolgts@gmail.com

#### IF YOU ARE APPLYING ON BEHALF OF A COMMUNITY ORGANISATION PLEASE ALSO SUBMIT A COPY OF THE LATEST ANNUAL ACCOUNTS. Many thanks.

# **CYNGHRAIR SEIRIOL ALLIANCE**

## **COMMUNITY GRANT APPLICATION FORM**

Name of community group or Individual :

Contact details

Name:

Phone:

E-mail:

Title of application:

What will you spend the money on?

How will it benefit you or your community? (Who/where/when?)

Why is the funding/project/scheme/activity needed?

Which other groups/organisations will you be working with? How will you share information and resources?

How does your application meet the charitable objective of the Alliance? *(see introduction above)* 

<u>Cost</u>? (*if applicable, please submit quotes with your application*)

### Any additional information to support the application?

Signature:

Name:

Role in group / organisation: Community Councillor *(if applicable)* 

Date: