



# ST CLEAR'S TOWN COUNCIL COMMUNITY EVENTS CHEST 2018/2019

## A. APPLICANT'S DETAILS

Name of Organisation \_\_\_\_\_

Contact Name \_\_\_\_\_

Position (e.g. Chairman, Secretary) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Phone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

What are the aims and purposes of your organisation? \_\_\_\_\_

\_\_\_\_\_

## B. ORGANISATION'S FINANCE

What was your income for the last year? £ \_\_\_\_\_

Where did this money come from? \_\_\_\_\_

\_\_\_\_\_

What was your expenditure for the last year? £ \_\_\_\_\_

What was this money used for? \_\_\_\_\_

\_\_\_\_\_

Please provide a copy of: (1) your most recent accounts (audited if possible) showing your annual income and expenditure.

(2) your most recent bank statement.

Have you received funding from St Clears Town Council before? YES/NO

When? \_\_\_\_\_ What for? \_\_\_\_\_ How much? \_\_\_\_\_

## C. DETAILS OF EVENT FOR WHICH SUPPORT IS SOUGHT

Title & Date of Event \_\_\_\_\_

Brief description of Event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. BENEFITS UNDER THE COUNCIL'S CRITERIA**

Please indicate how will a contribution be of benefit to the Council's area or its inhabitants?

How do you intend to reflect the bilingual nature of the community and its inhabitants in the activity or event?

**E. FINANCE FOR EVENT**

EVENT TOTAL COST	£	_____
Estimated costs (giving details)		
1. Entertainment _____	£	_____
2. Equipment Hire _____	£	_____
3. Promotion _____	£	_____
4. Other (please specify) _____	£	_____
5. Total _____	£	_____
		=====
How is the event to be funded?		
• Organisation's own funds	£	_____
• Grants from other organisations (please name the funding body and the amount)		
AWARDED/APPLIED FOR* (delete as appropriate) from _____	£	_____
• <b>Amount sought from ST CLEARS TOWN COUNCIL</b>	£	<u>                    </u>

**H. DECLARATION**

I declare that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and position within Organisation \_\_\_\_\_

**Please return form to:** Town Clerk, St Clears Town Council,  
c/o 46 St David's Ave, Carmarthen, SA31 3DN

**Application Deadlines: 31<sup>st</sup> March, 31<sup>st</sup> May, 31<sup>st</sup> July, 30<sup>th</sup> September, 31<sup>st</sup> December**