LLANTRISANT COMMUNITY COUNCIL
APPLICATION FOR GRANT AID 2026/2027

Name of Organisation: _____
(Must be the same as the bank account where payment is to be paid into)

Where does your organisation normally meet: _____

How often does your organisation normally meet: _____

Number of Members: _____ Age range of members: _____

	Beddau & Tynant	Llantrisant & Talbot Green	Outside Ward
No of members resident within each community ward:			

How much grant do you need?

_____

Please provide details what your organisation needs grant funding for:

_____

_____

_____

_____

_____

_____

Did you receive a grant last year? YES / NO
If YES, please provide details of how the grant was spent & the difference it made to your organisation:

_____

_____

_____

_____

_____

Please give information about your most recent annual accounts or financial statements:

Total Income during year: £ _____

Less total spent during year: £ _____ **PLEASE ATTACH A COPY OF YOUR**

Current Bank Balance: £ _____ **MOST RECENT BALANCE SHEET**

Reserves if any: £ _____

Responsible Officer Name: _____

Address: _____

_____ Post Code: _____

Tel No: _____ Mob No: _____ Email: _____

We will pay any grant awarded directly into the organisation's bank account, please provide the group account details:

Account Name: _____

Account Number: _____

Account Sort Code: _____

Data Protection Statement

As part of its grant-making activities, Llantrisant Community Council processes and uses data that applicants provide about their organisations, beneficiaries and the applicants themselves.

The Council obtains and uses such information to assess applications, monitor the use of funding, conduct evaluations and publicise its grant-making. This includes use of contact information provided to individuals and organisations who are interested in joining the organisation or working with the organisation for the good of the community. Information will not be provided to businesses for marketing purposes.

From time to time the Council may need to share the information for other purposes, including:

i) Determining, preventing or detecting crime ii) As part of external auditing requirements.

By submitting applications and reports to Llantrisant Community Council, you give explicit consent for the Council to use such data accordingly.

Please sign to show that you accept that the information provided on this form will be used in this way:

Signed: ……. On behalf of ……..(organisation name)

PLEASE RETURN TO: The Clerk, Llantrisant Community Council, Llys y Cwm, Gwaunmiskin Road, Beddau, Pontypridd, CF38 2AU Email: office@llantrisant-cc.gov.wales

NO LATER THAN – 31st JULY 2026

PLEASE NOTE: A current Balance Sheet for the last completed financial year must be forwarded with this application.

Applications received after the 31st July 2026 will not be considered.