

Gilfach Goch Community Council

Section 137 Local Government Act 1972



Application Form for Voluntary Organizations for Financial Assistance 2019/20

Name of Organization: _____

TOTAL INCOME:
(Inc. Balance B/Fwd.)

£

EXPENDITURE DURING YEAR: £

BALANCE: £

Responsible Officer: _____

Address: _____

Post Code: _____

Daytime Telephone No: _____

E-mail: _____

PURPOSE FOR WHICH GRANT IS REQUIRED:

A certified current Balance Sheet for the last completed financial year must be forwarded with this application and forwarded to:

*Mrs Edwina Jones
19 Wood Street
Gilfach Goch
Porth*

*CF39 8UF
Tel:07462010918*

Email: edwinajones1958@btconnect.com

NOT LATER THAN: MONDAY 9th SEPTEMBER
2019

N.B. Should an organization knowingly submit false information when making an application for a grant then the Community Council may withhold payment of a grant to that organization.
