



UNDER 8'S SMALL GRANT SCHEME 2010-2011 Application Form

You should **NOT** complete this form if your provision is registered with the Care and Social Services Inspectorate for Wales (CSSIW).

Please read the accompanying Criteria before completing this form.
Applications to the scheme must be completed and returned to the address at the end of the form, along with the requested accompanying documents by **FRIDAY SEPTEMBER 24th 2010**.

I. Organisation Information

Name of Organisation

Address (where the group meets/will meet)

Post Code **Tel No.**

Who owns the building?

2. Correspondent Details

Please give the contact details of the person to whom correspondence should be directed to.

Name

Address

Post Code **Tel No.**

Email

3. Past Applications to this Scheme

Have you previously applied for a grant from this scheme? **Yes / No**
If 'No' please continue to section 4

If 'Yes' When did you last apply?

Were you successful? **Yes / No**

If 'Yes' How much did you receive? £.....

If 'No' please continue to section 4

4. Grant Application Information

Total amount of grant applied for **£**

Please give details of how the grant will be spent:-

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When did the group start?

What are the ages of the children attending?

How many children will benefit from this grant?

Please give a brief outline of the group's main activities:-

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Please give the name of your group's bank account details.

Name of Account:-

Account Number:-

Sort Code:-

Bank Address :-

Please use the space below for any additional information relevant to your application.

Please give a breakdown of how the grant would be spent.

Item	Cost including VAT (£)
Total	£

Note: Any grant received must be spent as detailed above otherwise it may be subject to repayment in part or whole.

5. Checklist

Have you included the following? (If 'No' please state the reason in Section 4)

Written Estimates Annual accounts Bank Statement (less than 3 months old)

Name (printed)

Signed

Position in Organisation

Date

6. Returning This Form / Additional Information

Please return the completed form along with

The organisation's annual accounts

A bank statement (less than 3 months old)

Written estimates/quotations

Any applications that fail to provide any of the above (or do not give a legitimate reason for not doing so) may not be considered for funding.

Return completed applications by FRIDAY SEPTEMBER 17TH 2010 to:

Avril Chambers
Children's Partnership
Building 2
St David's Park
Jobs Well Road
Carmarthen
SA31 3HB
01267 246 555

