



CYNGOR CYMUNED LLANEDI COMMUNITY COUNCIL

CAIS AM CYMORTH ARIANNOL APPLICATION FOR FINANCIAL ASSISTANCE

1. Enw'r Grwp/Name of Group:

2. Cyfeiriad/Address:

Ffon/Telephone:

E Bost/E-mail:

Enw Cysylltiad/Contact name:

3. Rhowch disgifiad o nodau a gweithgareddau eich gymdeithas. Please provide a summary of your organisation's objectives and core activities (max 50 words):

4. Dwedwch faint o arian rydych yn gofyn/ Please state the amount you are requesting: £

5. Beth yw pwrpas eich gofyn am yr arian? What would your organisation spend this money on? (max 100 words)

6. Disgrifiwch fel fe fydd y grant yn elwa'r gymuned o Llanedi? How would this benefit the community of Llanedi? (max 100 words)

Signed: _____ **Date:** _____

Position: _____

A fyddech yn garedig a danfon y cais wedi cwblhau yn cynnwys copi o mantolen ac adroddiad banc am bob cyfrif i:

Please return your completed application form, along with a copy of your latest balance sheet and bank statement for all accounts to:

David Davies
Clerk to the Council
Cwmffrwd Farm
Llandeilo Road
Glanaman, Ammanford
SA18 2DZ

Tel No: 01269 823299
Mobile: 07971 026493
Email: daidoc@yahoo.co.uk

Failure to provide the required information may mean your application not being considered.

**PLEASE NOTE THE CLOSING DATE FOR RECEIPT OF APPLICATIONS IS THE
31st MARCH 2018**