

Rogerstone Community Council

TYDU COMMUNITY HALL, WELFARE GROUNDS, TREGWILYM ROAD, ROGERSTONE, NEWPORT, NP10 9EQ
ROGERSTONECC@GMAIL.COM

Application for Financial Assistance (Section 137 Payment) 2025/2026

To ensure your application is successful, please give as much information about your group as possible.

1. Name of organisation: _____

2. Name, address, & position in organisation of contact:

E-Mail:

Telephone:

3. Amount of grant sought from Rogerstone Community Council 2024/2025:

4. Please give a brief summary of what you want the grant for.

Successful applicants will need to provide detailed information on what the funds were used for (including receipts where appropriate)

5. What is the status of the organisation?

Not-for-profit ☐ Registered Charity ☐ Limited Company ☐ Other ☐

6. Which of the following best describe the main activities of your organisation?

Youth ☐ Leisure & Sports ☐ Community ☐ Arts ☐ Environmental ☐

Other (Please clarify) ☐ _____

7. Who are the current office holders?

Chair: _____ Secretary: _____

Treasurer: _____

8. How many people are in your group/organisation?

9. Please **attach** a copy of your most recent annual accounts. (The Council may request further information if your accounts are not for the current period). *Applications will not be considered without accounts.*

Please summarise the main sources of income:

Please summarise the main items of expenditure:

10. Please summarise the main aims and objectives of your organisation and anything else you would like to add to support your application.
(You **must** include affiliations your organisation has to national, regional, or local bodies).

11. Did you receive funding from Rogerstone Community Council 2024/2025?

Yes/No

If so, how much?

If yes, what was the money spent on? (Use separate sheet if necessary).

12. Other Sources of Grant Funding 2025/26

Funding Source	Amount Received or Applied for.	Please tick if outcome of application not yet known.

13. If your application is unsuccessful or you receive a reduced amount, how would this affect your organisation?

DECLARATION

On behalf of the organisation, (who's authority I have to complete this application), I confirm that all the information provided in this application is correct, and if successful, detailed information on what the funds were used for (including receipts where appropriate) will be provided to the Community Council.

Signed: _____ Date: _____

Name: (please print) _____

Position in Organisation: _____

COMPLETED FORMS AND ACCOUNTS MUST BE RETURNED BY THE CLOSING DATE – BY EMAIL
ROGERSTONECC@GMAIL.COM

Note: Applications are considered by Council at the monthly meetings. after the closing dates. Applicants will be informed of decisions, and payment date.