

For clarity, please type all responses.

Date: _____

NORTH AMERICA WALES FOUNDATION
SEFYDLIAD CYMRU GOGLEDD AMERICA

INDIVIDUAL/ORGANIZATIONAL APPLICATION FOR FINANCIAL ASSISTANCE

NOTICE-Approved grants can only be issued through a recognized Welsh/Welsh American Organization and not directly to an individual requestor. If this is an individual request, please identify the organization sponsoring your request or through which the grant award can be processed to the grantee.

1. ORGANIZATION OR INDIVIDUAL'S NAME _____

2. ORGANIZATION OR INDIVIDUAL'S ADDRESS _____

If an individual, provide name and address of the sponsoring Welsh/Welsh American organization and the name and address of its officer/contact person. Provide letter of agreement from that organization.

3. ORGANIZATION OR INDIVIDUAL'S TELEPHONE NUMBER _____

4. PERIOD OF SUPPORT--- BEGINNING _____ ENDING _____

5. PROJECT DESCRIPTION SUMMARY. (Be specific and relate each phase of the project to costs information provided in paragraph seven (7) below.)

6. IN WHAT WAY(S) WILL YOUR PROJECT BENEFIT WELSH-AMERICAN ACTIVITIES? HOW WILL THE RESULTS OF YOUR PROJECT BE DISSEMINATED TO THE WELSH-AMERICAN COMMUNITY? HOW WILL YOU ASSURE THAT ALL FUTURE PERSONAL PUBLICITY WILL ACKNOWLEDGE THE SUPPORT PROVIDED BY THE NORTH AMERICA WALES FOUNDATION?

7. SUMMARY OF PROJECT COSTS. Itemize and identify specific cost areas and indicate if in dollars or pound sterling. When approved, 90% of the approved grant will be issued. The remaining 10% will be withheld pending receipt of the report required in the "ORGANIZATIONAL APPLICATION FOR FINANCIAL ASSISTANCE".

8. LIST PROJECT FUNDING SOURCES INCLUDING YOUR OWN. Be specific regarding the amount you are requesting from the. THE NORTH AMERICA WALES FOUNDATION

9. ORGANIZATIONAL FISCAL ACTIVITY—Attach financial reports where applicable.

10. We (I) certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our (My) knowledge.

Signature _____ Date Signed _____

Name (Print or Type) _____

Title (If applicable) _____

To be completed and returned by Email to: nwafcymru@gmail.com

Mail original signed application to:
North American Wales Foundation
24 Essex Road, Scotch Plains, NJ 07076-0247

NORTH AMERICA WALES FOUNDATION
SEFYDLIAD CYMRU GOGLEDD AMERICA

APPLICATION FOR FINANCIAL ASSISTANCE AWARD AGREEMENT

NOTE: Please sign the below agreement and provide it with your application. If the grant is approved, a copy of the completed form will be returned to you with a check for 90% of the award/grant amount. If an individual, the form will be returned, with an information copy to you, through the sponsoring organization with the check made out to the sponsoring organization for disbursement to you.

AMOUNT OF AWARD: (*Applicant, please leave vacant) _____

GRANTEE SPONSORING ORGANIZATION IF INDIVIDUAL: _____

PROJECT DIRECTOR, IF AN ORGANIZATION: _____

PERIOD OF SUPPORT: BEGINNING _____ ENDING _____

PROJECT TO BE SUPPORTED: _____

The GRANTEE hereby agrees:

1. To acknowledge the support of the North America Wales Foundation in publicity associated with the above project. Appropriate wording for such an acknowledgment is as follows: THIS PROJECT, STUDY OR RESEARCH EFFORT (whichever is applicable) WAS MADE POSSIBLE THROUGH A GRANT RECEIVED FROM THE NORTH AMERICA WALES FOUNDATION. THE RESULTS ARE EXPECTED TO BENEFIT THE WELSH-AMERICAN COMMUNITY IN THE FOLLOWING WAYS. However, the amount of the support is not to be disclosed.
2. Within forty-five (45) days after the end of the period of support for the above project, to submit a report, of no more than two (2) pages in length, to the Secretary of the North America Wales Foundation at nwafcymru@gmail.com attesting to the use of the funds for the project and reviewing the status of the project. Where appropriate, receipts verifying the use of funds will be provided.
3. If the project results in a documentary product, to provide two (2) copies of the document with the above report.
4. Become a member (individual or organizational, as appropriate) of the North America Wales Foundation and to support its future activities.
5. In the event that the Grantee is unable to institute the above project, to return the above award to the Secretary of the North America Wales Foundation

GRANTOR:

GRANTEE:

For: NORTH AMERICA WALES FOUNDATION
Designated Officer

Signature and Title (if organization)

Dated: _____

Dated: _____