



Agenda No
5 (ii) a

COMMUNITY GRANTS FUND APPLICATION

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

| | | | |
|--|--|-------------------------------|---------------|
| PROJECT (In no more than 25 words) | PILGRIM A MODERN COMPOSTING TOILET IN A DISABILITY LOO AT S'BURY MEN'S SKED ON WEST MID SNOWBOARD. | GRANT AMOUNT REQUESTED | £ 1700 + VAT. |
|--|--|-------------------------------|---------------|

Contact Details

Q1 Name of organisation making application: SHREWSBURY MEN'S SKED.

Name of contact for this application SIMON ROUSE.

Title : MR. First Name: SIMON Surname: ROUSE.

Position held in the organisation: CHAIRMAN OF THE TRUSTEES.

Contact Address, including full postcode:
.....
.....
.....

Postcode:

Contact Telephone Number:

Email address:

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: (✓) Charity Registration Number 1196609
Voluntary Organisation: ()
Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 When was your organisation established?

FOUNDED JULY 2021 REGISTERED AS A CHARITY 16/11/2021

Q4 Briefly describe your organisation.

Describe your organisation, including how many members/users you have, whether there is a subscription fee and the usual activities/services you provide.

If you are a new organisation, describe the services/activities you plan to provide.

WE ARE A MEN'S SHED AND MEMBER OF THE UK MEN'S SHED ASSOCIATION. WE WILL START TO 'SHEDDERS' FROM 1st JUNE 2022. SUBSCRIPTIONS WILL BE £5 PER MONTH. WE WILL BE OFFERING WORKSHOPS AND ACTIVITIES TO MEN AT RISK OF SOCIAL ISOLATION. MEMBERSHIP TARGET 60+.

Q5 If you are a subsidiary of a larger organisation, please state which one.

N/A BUT MEMBER OF U.K.M.S.A.

Q6 Does your organisation have an agreed Constitution or Memorandum of Association?

Please state which and attach a copy:

CONSTITUTION - ATTACHED

Q7 What is your primary source of funding?

AN EQUAL SPLIT BETWEEN SUBSCRIPTIONS/ INCOME FROM SALES AND SPONSORSHIP FROM HATCH.SMARTWATERFOUNDATION.CO.UK

Details of the project or activity you are planning

Q8 Describe the projects/activity you plan to use this grant for.

i. Try to be specific about what you will do and how you will do it.

PLEASE SEE ATTACHED INFORMATION SHEET
ON THE HEATHMATIC ZERO ELD TOILET
WHEN SUPPLIED HE WILL INSTALL THIS ON
SITE IN A DISABILITY FRIENDLY TOILET
CUBICLE.

ii. Please state how you have identified this need and how the project will benefit the people of Shrewsbury, together with the estimated time span. If you are seeking continuation funding for this project, please provide evidence for this continued need.

OUR MEN'S SHED IS BEING CRAFTED TO BE
WHEEL CHAIR ACCESSIBLE THROUGHOUT WITH
ADAPTATIONS WHERE REQUIRED THIS TOILET
IS CRUCIAL TO THIS WORK. IT SHOULD
LAST FOR MANY DECADES - NO CONTINUATION FUNDING.

iii. How many people from the Parish of Shrewsbury do you expect to benefit from your project or activity?

1000s

Q9 What criteria will be used to measure the success of the project and how many people from the Parish of Shrewsbury do you expect to benefit from it?

SUCCESS WILL BE MEASURED BY THE
NUMBER OF PEOPLE WE ENGAGE WITH
DIRECTLY AS 'SHEDDERS' (MEMBERS) ALSO
INDIRECTLY AS REFERRING FAMILIES, FRIENDS
AND DOCTORS UNDER SOCIAL PRESCRIBING.
MEMBERS SHOULD BUILD TO 60+, THOSE
BENEFITING INDIRECTLY INTO THE 1000s.

Health & Safety

Q10 What, if any, special safety issues are related to your project/activity?

Please provide the following information –

i. What kind of insurance does your organisation have?

.....

ii. Do the leaders have the relevant qualifications and/or experience?

YES. AMONGST THE TRUSTEES ARE A
 SOCIAL WORKER, ACCOUNTANT, ARCHITECT AND
 ELECTRICIAN.

iii. What policies does your organisation have in place (i.e. Health and Safety, Child Protection/Safeguarding, Working with vulnerable adults, Equal Opportunities, CRB Checks etc.)? *You may be required to submit copies of your policies*

HEALTH + SAFETY, WORKING/SAFE-GUARDING
 VULNERABLE ADULTS

.....

Funding of your project

Q11 Previous Applications

If you have applied for and received funding from Shrewsbury Town Council in the past please provide details of the amount, the year and briefly what the funding was used for.

| Year | Project Description | Award £ |
|------|---------------------|---------|
| | NOT APPLICABLE. | |
| | | |
| | | |

Q12 Project Funding

Please provide details of the amount of funding you need for your project and give us a breakdown of what the money is for (please enclose any relevant estimates or details).

Tell us the amount of grant requested £1700 + VAT and provide a detailed breakdown as to how you have reached this figure

| Project Expenditure Please list all items of expenditure for your project | Amount of Project |
|---|-------------------|
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| Total | £ |
| Project Income Please list how the project shall be funded | |
| | £ |
| | £ |
| | £ |
| | £ |
| | £ |
| What is the difference? This should be the same as the amount of Grant you are applying for | £ |

Q13 Covering a Shortfall

If the Town Council makes an offer less than the amount requested, how will that impact on the Project and how will you cover the shortfall?

AN OFFER LESS THAN THE AMOUNT REQUESTED
 MAY MEAN THE ECOTOILET BEING MADE
 UNAVAILABLE TO US; OR COULD DELAY WHEN
 WE ARE ABLE TO OPEN TO THOSE WITH
 DISABILITIES.

.....
.....
Q14 Sustainability

What plans do you have in place to ensure that your organisation becomes more sustainable and less reliant on grant funding, particularly from the Town Council?

WE ARE RENT FREE FOR ANOTHER YEAR OR
MORE. THE RENT IS THE £100 pcm. WHICH
INCLUDES WATER/ELECTRICITY. SUBSCRIPTIONS
FROM 60 MEMBER WOULD PROVIDE £300 pcm.
INCOME FROM SALES ETC. SO GRANT FUNDING
IS ONLY REQUIRED DURING THIS BUILDING PHASE

Your Accounts

Q15 Please provide the following details from your most recent annual accounts

| | |
|---------------------------------------|------------|
| Total Income | £ 5,070.00 |
| Less Total Expenditure | £ 2,233.76 |
| Surplus / Loss | £ 2,836.24 |
| Savings (Reserves, Cash, Investments) | £ |

Please provide a copy of your most recent annual audited accounts or, in the case of newly established organisations, the projected income and expenditure for the next twelve months.

You need to include these documents with this application.

Account Details

Q16 Please provide your bank or building society account details

You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. These people should not be related.

Account name:

Sort Code: Account Number:

Bank/building society name:

Bank/building society address.....

.....

.....

.....

Who are the signatories and what position do they hold in your organisation?

1 Name Position

2 Name Position

3 Name Position

Any Other Information

Q17 Any other information which you consider to be relevant to your application.

MOST MEN'S SHEDS IN SHROPSHIRE
ARE OPEN 2/3 DAYS A WEEK. WE AIM TO
OPEN 5/6 DAYS PROVIDE COURSES,
REHEARSAL SPACE AND BE AN ASSET TO
THE WEST MID. SCENEGROUND AND THE
TOWN.

Declarations

Q18 Declaration

Please give details of a senior member of your organisation.

For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. **(This must not be the main contact name in Q1).**

I confirm, on behalf of SHREWSBURY MEN'S SHED,.....(insert name of organisation):

That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.

I confirm that I have read the Terms and Conditions set out in the Notes which accompanied this application and further confirm that this application is made on the

basis that if successful, the organisation will be bound to use the grant only for the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant.

Post held in organisation: TRUSTEE (TREASURER)

Title First Name: Surname:

Organisation address:
.....
.....

..... Postcode:

Telephone:

Signed: Date: 29/4/22

Q19 Signature of Person Completing the Application

This must be the signature of the person named in Q1 as the main contact and **not be the same person who has signed in Q18**

I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.

Signed: Date:

Checklist

1. Have you answered every question?
2. Have all signatures been completed?
3. Have you included a copy of your constitution?
4. Have you included a copy of your most recent audited accounts?
5. Please state any supporting documents you are submitting:

INFORMATION SHEET FOR HEATHMATIC 2020

ECO TOILET.

ANNUAL REPORT/ACCOUNTS INCLUDING
PHOTO MONTAGE OF STABLE BLOCK C/D

PLAN TO AID WITH CONVERSION WORKS
IN PROGRESS.

Please return your completed application form to:

Town Clerk
Shrewsbury Town Council
Riggs Hall
The Library
Castle Gates
Shrewsbury
SY1 2AS

Telephone: 01743 281010

Fax: 01743 281051

Email: Helen.ball@shrewsburytowncouncil.gov.uk