Shrewsbury Town Council

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)	Shrewsbury Community AED Project	**GRANT AMOUNT REQUESTED**	£2,558

Contact Details

Q1 Name of organisation making application:
The Henry Angell James Memorial Trust (HAJMT)

Name of contact for this application

Title: Mrs First Name: Claire Surname: Marsh

Position held in the organisation: Trustee

Contact Address, including full postcode:

[redacted] Postcode: [redacted]

Contact Telephone Number: [redacted]

Email address: [redacted]

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: (✓) Charity Registration Number 1181884
Voluntary Organisation: ( )
Company Limited by Guarantee: ( ) Company Number .....
Other – Please specify: .....

Q3 When was your organisation established?

April 2019

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.

The HATMT is a small charity devoted to installing public access AED's/Defibrillators into communities that cannot otherwise afford them. We have already installed 5 AED's in Shrewsbury and many more in the outlying villages. We have 2 Trustees, 2 volunteers and minimal overheads.

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

N/A

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

Please state which and attach a copy:

N/A

Q7 What is your primary source of funding?

Fundraising and donations

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.

This initiative aims to purchase and install defibrillators in strategically selected, high footfall and high risk locations accross the town. This venture is a community wide public safety initiative, not a vague project.

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.

Working closely with our contact at West Midlands Ambulance service we have identified the areas of Ditherington, Harlescott, Bayston Hill and Meole Estate as areas that are the poorest for AED provision, with limited access to existing AED coverage.

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

unlimited

iv. Please indicate which of the key pillars of the Council's Vision are met and how:

Pillars	Met	How
Building Resilient Communities For Shrewsbury	✓	we aim to help support communities by offering access to life saving equipment that they are otherwise being denied.
Supporting Shrewsbury Residents To Live Active And Healthy Lives Through The Provision Of Quality Services	✓	The presence of a defib improves places where people gather and gives a sense of security.
Preserving Shrewsbury's Heritage		
Creating A Greener And Better-connected Shrewsbury	✓	The AED's are often installed in the heart of a community bringing people together safely.
Maintaining A Sustainable, Resilient And Efficient Organisation	✓	Statistics show that having a defibrillator within 500 metres can save lives. This is very important with current ambulance waiting times.
Taking Positive Action To Tackle Climate Change		

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?

The defibrillator will be available to the whole community and will have direct public access. Our project is utilised by both young and old. Cardiac arrest can strike at any time, even to those who are seemingly fit and healthy, it does not discriminate.

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?

We have business insurance with NFU mutual policy number: 080X8247494/N13

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

The leaders have basic training in CPR and using and AED. The communities who are given an AED are also given the option in train in CPR and AED use with a community first responder.

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.*

As a condition of our donation, each AED must be registered with The Circuit - The National Defibrillator Network. This ensures that the device is visible to the ambulance service and can be accessed by emergency call handlers, enabling members of the public to be directed to it in the event of a cardiac arrest.

Registration also provides an automated reminder system, alerting the named guardian when pads and batteries are approaching their expiry dates, thereby supporting ongoing compliance, maintenance and operational readiness.

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 £
	N/A	

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 £ 2,558 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
x1 IS Ipad NFK200 Semi-auto defibrillator AED Protector cabinet including prep kit	£1,279
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x1 IS Ipad NFK200 Semi-auto defibrillator AED protector cabinet including prep kit	£1,279
x1 IS Ipad NFK200 Semi-auto defibrillator AEDprotector cabinet including prep kit	£1,279
	£
Total	£5,116
Project Income Please list how the project shall be funded	
To be funded by HAJMT	£2,558
	£
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£2,558

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?

The cost of one defibrillator is £1,279 to us. If we are awarded less we will buy less equipment or put the council's contribution towards the cost of a defibrillator.

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?

Do more fundraising and try to attract more donations. However, this is challenging given the current cost of living crisis.

Your Accounts

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

Total Income	£ 55,703
Less Total Expenditure	£ 28,243
Surplus / Loss	£ 27,460
Savings (Reserves, Cash, Investments)	£ 50,767

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: [redacted]

Sort Code: [redacted] Account Number: [redacted]

Bank/building society name: [redacted]

Bank/building society address

[redacted]

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

1 Name [redacted] Position Trustee

2 Name [redacted] Position Chair

3 Name [redacted] Position Secretary

Any Other Information

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

Our charity founder and chairperson was awarded the British Empire medal in His Majesty's New Year Honours List for services to defibrillator provision. This recognition reflects her sustained commitment and dedication to improving access to life saving equipment within communities. Her voluntary leadership continues to guide the clarity's work and supports our ongoing mission to increase public access to defibrillators and help save lives.

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 ..... HAJMT .....*(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: [redacted]

Title: [redacted] First Name: [redacted] Surname: [redacted]

Organisation address:

[redacted]

Postcode: [redacted]

Telephone [redacted]

Signed: [redacted] Date: 19.2.26

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: [redacted] Date: 19.02.2026