



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)	To purchase and distribute essential cooking and low cost heating items to those in financial need.	GRANT AMOUNT REQUESTED	£1000
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Contact Details

Q1 Name of organisation making application:

Foodbank PLUS (Barnabas Community Projects)

Name of contact for this application

Title: Ms

First Name: Karen

Surname: Williams

Position held in the organisation: [REDACTED]

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:

All items will be brand new and in their original [packaging with instructions for use.

Registered Charity: (*) Charity Registration Number 1160839
Voluntary Organisation: (*)
Company Limited by Guarantee: (*) Company Number 9197084
Other – Please specify:

Q3 When was your organisation established?

1997 as food bank. / 2014 as foodbank PLUS

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.

Working with thousands of people each year food bank PLUS works with those who are suffering financial poverty, poverty of opportunity and relational poverty. We work with people throughout Shropshire. Everything we offer is free of charge. We work strategically with statutory services but remain an independent charity., utilising the skills of over 110 volunteers, some with lived experience but from all parts of the community.

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

.....

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

Please state which and attach a copy: To follow

Q7 What is your primary source of funding?

Regular donations from individuals and groups.

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.

The grant will be used for the purchase of items that 'warm the person' such as heated blankets, electric blankets and cooking items that reduce energy costs such as air fryers.

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.

As the cost of living crisis bites further we have first hand information from clients about the inability to cover energy costs. This grant will allow for the purchase of items to alleviate this for referred clients who show real need.

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

30

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?

Clients will be known

Clients will be food bank users

Clients will be referred by a statutory service that we partner with.

Clients will be interviewed and the supply of goods will be at the discretion of food bank

PLUS Project Lead

Health & Safety

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

Please provide the following information:

All items will be brand new and in their original [packaging with instructions for use.

i. What kind of insurance does your organisation have?

Public liability Insurance / employers liability insurance

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

Yes

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 and safety

Child Protection and safeguarding

Working with vulnerable adults

Equal opportunities

Appropriate DBS checks

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. None in the last 12 months

Year	Project Description	Award £

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 £..... 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
Airfryers (20)	£700
Electric blankets	£300
	£
	£
	£
Total	£1000
Project Income Please list how the project shall be funded	
	£0
	£

All items will be brand new and in their original [packaging with instructions for use.

	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£1000

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?

We will purchase the items from charity funds but will be able to offer a smaller number of items.

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?

The organisation is not reliant on grants from any source. Most income is derived from donations by the community and this will be the focus of fundraising activities.

Your Accounts

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

Total Income	£
Less Total Expenditure	£
Surplus / Loss	£
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.

To follow

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.....
.....
.....
.....

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

- 1 Name [REDACTED] Position Chair
- 2 Name [REDACTED] Position Trustee (Finance)
- 3 Name Position

Any Other Information

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

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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 foodbank PLUS.(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 (Finance)

Title: [REDACTED] First Name: [REDACTED] Surname: [REDACTED]

Organisation address:

[REDACTED] Postcode:
[REDACTED]

Telephone: [REDACTED]

Signed: [REDACTED] Date: 26.01.24

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: 24.01.24

Checklist

1. Have you answered every question?
2. Have all signatures been completed?
3. Have you included a copy of your constitution? To follow
4. Have you included a copy of your most recent audited accounts? To follow
5. Please state any supporting documents you are submitting: None

Please return your completed application form to:

**Town Clerk
Shrewsbury Town Council
Livesey House
7 St John's Hill
Shrewsbury
SY1 1JD**

Telephone: 01743 281010

Email: Helen.ball@shrewsburytowncouncil.gov.uk