



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)	A large refrigerated patisserie unit for the community café at Severn Hospice in Bicton Heath, which will increase food capacity and help future hospice funds.	GRANT AMOUNT REQUESTED	£1,900
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Contact Details

Q1 Name of organisation making application:

Severn Hospice

Name of contact for this application

Title: **Miss.** First Name: **Susie** Surname: **Foster**

Position held in the organisation: **Trusts and Foundations Fundraiser**

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: **512394**

Voluntary Organisation: ()

Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 When was your organisation established?

1982

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.*

Severn Hospice provides specialist palliative care and support free of charge to more than 3,000 families in Shropshire, Telford & Wrekin and North Powys who are living with an incurable illness, more specifically 681 Shrewsbury residents benefitted from our services last year.

We are here through the good and bad days because we believe that when a cure is no longer possible, care is. Our patients, and their loved ones, receive our support in many ways including as inpatients at our hospices, through our extensive range of day services or being cared for at home through our Hospice Virtual beds and within the community by our Hospice at Home nursing team.

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

We are not a subsidiary of a larger organisation. Severn Hospice is the trading name of Severn Hospice Limited; a company registered in England and Wales.

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

Please state which and attach a copy: ...

The Memorandum of Association is attached

Q7 What is your primary source of funding?

Severn Hospice is an independent charity. Two-thirds of our running costs are generated through the generosity of our loyal supporters through donations, legacies and charitable activities including shops, projects, lottery and events.

We work with a commercial participator with an agreement in place and do not work with a professional fundraiser.

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.

We need to replace an unrepairable food refrigerated unit with a larger more superior alternative that can double storage capacity and display more food, on behalf of our Bicton Heath public café, which currently welcomes more than 300 local people each week.

- 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.

Opened in 2021, the Refresh café is a standalone business open to the public serving a range of food and drinks. It is located within our community services centre in Bicton Heath, which is home to our therapy suites, treatment rooms, visitor facilities and rehabilitation services in Shrewsbury, the café's assets are owned by Severn Hospice.

Our café, which has a five-star hygiene rating, was created to serve our patients, their families, and the wider Shrewsbury community. It's design and offering aims to enrich people's perception about hospice care and provide a sense of normality for patients and their loved ones. As a young business, in 2024 the café is expected to begin making a financial contribution to the hospices' general running costs.

The refrigeration unit has an expected 10-year service life and an extended warranty and comprises of three display shelves, a refrigerated storage cupboard underneath plus a plug socket for additional café equipment, all new features compared to the current unusable unit. This will double our capacity for food storage enabling us to cater for more people and groups, giving us the potential to increase our monthly sales by 10%.

Providing both indoor and sheltered outdoor seating areas, Refresh café can seat up 65 customers. There is carparking for 55 cars with six disabled spaces and two EV charging points.

The café is proving a popular destination for our patients and their loved ones. Many of the hospice's groups are already frequent visitors including the craft, workshop and bereavement groups and there is a growing number of community groups who visit each week including: the local Women's Institute, cycling clubs, walking groups and regular visitors from the local retirement home.

The larger chiller unit will support our ambition to increase our awareness in the Shrewsbury community through social media and ultimately support the ongoing hospice's running costs.

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

Circa 200 people per week

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?

We aim to increase our weekly customers by 10% over the subsequent 12 months following instillation of the new chiller unit.

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?

Severn Hospice Limited has a comprehensive building and contents insurance, public liability insurance and a service plan which covers all refrigerated appliances.

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

Refresh staff have Food Hygiene Level 2 qualification

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.*

It is compulsory for all staff to complete mandatory training each year which includes Safeguarding adults – Mental Capacity Act (MCA), Information Governance, Fire Safety and Equality and Diversity. In addition, employees are required to read the Severn Hospice Limited policies such as First Aid, DBS Policy and Procedure, Health and Safety

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 £
2017	Major Jon Tandy's Charity of the Year	£5,082.50
2010	Mayors Charity Masquerade Ball	£10
2010	Mayor Charity Lunch donation	£110
2010	General Donation	£10
2008	Art Grant for Dragon Boat Race	£250
2008	Shrewsbury in Bloom for Garden Tools	£250
2007	Art Grant for Dragon Boat Race	£500
2006	Art Grant for Dragon Boat Race	£200
2005	Dragon Boat in memory of Delphine Hulme	£400
2004	Art Grant for Dragon Boat Race	£610
2003	Christmas Cards	£40
2003	Support of Voluntary sector	£500
2001	Council Grant	£350
2001	Christmas donation	£70

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 £ 1,900 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
Chiller unit – Frilixa Vienna 200 2.0m Patisserie Serve over Counter. Cost excludes VAT	£2,297
1 year labour warranty	£198
	£
	£
Total	£2,495
Project Income Please list how the project shall be funded	
The Hospice General Funds	£595
	£

	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£1,900

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?

All Refresh assets are owned by Severn Hospice Limited and with the current refrigerated unit not functional and a smaller alternative been used, the new appliance is considered a necessary purchase for Refresh to grow and develop in the area. To fulfil our obligations to the community and support our staff we carefully manage a reserve fund to support such circumstances.

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?

More than two thirds of our income is generated through public support. We carefully manage our finances to ensure we can continue to deliver our care to the 3,000 patients and their loved ones that we support annually.

All purchases are carefully reviewed and considered as we recognise that the community provides £2 for every £3 we spend. All operational decisions are evaluated with the patients' needs at the heart of everything we do.

We are reviewing our energy usage to help make us more self-sustainable with a view to capping future energy bills.

Your Accounts

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

Total Income	£13,609,000
Less Total Expenditure	£12,851,000
Surplus / Loss	£943,000

Savings (Reserves, Cash, Investments)

£12,091,000

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: Chief Executive |
| 2 | Name | Position: Director of Finance and Information |
| 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 SEVERN HOSPICE.....(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: Director of Income Generation

Title First Name Surname

Organisation address:

Postcode:

Telephone:

Signed: .

..... Date: 13/7/23 .

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: 13.7.23.....

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: N/A

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