



WARM ROOMS GRANT 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)	WARM SPACES AT MOOLE ESTATE COMMUNITY CENTRE	GRANT AMOUNT REQUESTED	£1500
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Contact Details

Q1 Name of organisation making application: TRINITY CHURCHES SHREWSBURY

Name of contact for this application

Title: MRS First Name: AMAL Surname: MOORE

Position held in the organisation: PIONEER COMMUNITY MINISTER

Contact Address, including full postcode:

[REDACTED]
[REDACTED]
[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 1135066
Voluntary Organisation: ()
Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 Briefly describe your organisation.

Describe your organisation and what role you play in supporting the Warm Rooms Initiative.

TRINITY CHURCHES IS THE LOCAL PARISH CHURCH OF MEOLE BRACE AND IS AT THE HEART OF THE COMMUNITY. WE HAVE STARTED WARM SPACES IN THE MEOLE ESTATE COMMUNITY CENTRE.

Details of the project or activity you are planning

Q4 Describe your intended project to support the Warm Rooms Initiative.

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

ON WEDNESDAYS WE OPEN FROM 10:30AM UNTIL 4:15pm PROVIDING A WARM SPACE, HOT FOOD (INCLUDING BACON SANDWICHES, SOUP, AND HOT DAGS THROUGHOUT THE DAY) AS WELL AS COMPANY, ACTIVITIES AND SIGN POSTING, FOR ALL AGES AND BACKGROUNDS.

- ii. Please state how you have identified this need and how long you anticipate this project will take to deliver.

THE NEED HAS BEEN IDENTIFIED THROUGH OUR REGULAR
DROP-INS AND CHURCH MINISTRY.
WE ARE ALREADY PROVIDING THIS SPACE AND WILL CONTINUE
FOR AT LEAST A FURTHER FOUR MONTHS.

- ii. How many people will benefit from this project?

30-40 per week

- Q5 How will this have SOCIAL, ECONOMIC and/or ENVIRONMENTAL benefit to Shrewsbury?

SOCIAL THE PROJECT HELPS WITH WELL-BEING, MENTAL
HEALTH, AND ALSO PROVIDES SUPPORT FOR THOSE USING
THIS SERVICE. IT BUILDS A SENSE OF COMMUNITY AND
SUPPORT FOR THOSE STRUGGLING OR WHO OTHERWISE FEEL
ISOLATED.

ECONOMIC IT AIDS MANY WHO ARE ON BENEFITS OR PENSION
BY ALLOWING THEM TO BE IN A WARM PLACE AND HAVE
A MEAL AT NO COST TO THEMSELVES AND LOWERS POTENTIAL
ENERGY BILLS.

ENVIRONMENTAL WE USE DONATIONS FROM THE FOOD HUB TO
MAKE THE SOUP WHICH IS PART OF REDUCING SUPERMARKET
WASTE GOING TO LANDFILL AND WE ARE WARMING ONE
SPACE INSTEAD OF MANY.

Funding of your project

Q6 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 £1500 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
FOOD (PER 6 MONTHS)	£ 480
EQUIPMENT (SLOW MAKERS, PANS, STORAGE)	£ 250
ELECTRICITY FOR 6 MONTHS (ESTIMATED)	£ 1500
	£
	£
Total	£ 2230
Project Income Please list how the project shall be funded	
DONATIONS FROM CHURCH MEMBERS	£ 480
APPLYING FOR LOCAL COUNCILLOR GRANT	£ 250
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£ 1500

Q7 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 PROJECT POTENTIALLY MAY END SOONER AS

..... THE MEALE ESTATE COMMUNITY CENTRE HAS NO

REGULAR INCOME TO HELP WITH THE RUNNING COSTS

AND WITH THE INCREASING COST OF ENERGY PRICES IT

MAY NOT BE POSSIBLE TO CONTINUE WITH THE WARM SPACES.

Account Details

Q8 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 OPERATIONS MANAGER
- 2 Name [REDACTED] Position DEPUTY WARDEN
- 3 Name Position

Any Other Information

Q9 Any other information which you consider to be relevant to your application.

THE 30-40 PEOPLE PER WEEK ARE OUR CURRENT
NUMBERS. WE EXPECT THESE NUMBERS TO INCREASE
IN JANUARY.

Declarations

Q10 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 TRINITY CHURCHES SHELTON (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: OPERATIONS MANAGER

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

Organisation address:

[REDACTED]
[REDACTED]
[REDACTED] Postcode: [REDACTED]

Telephone: [REDACTED]

Signed: [REDACTED] Date: 16/12/22

Q11 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 Q10**

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: 16/12/22

Checklist

1. Have you answered every question?
2. Have all signatures been completed?
3. Please state any supporting documents you are submitting:



Please return your completed application form to:

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

**Telephone: 01743 281010
Email: Helen.ball@shrewsburytowncouncil.gov.uk**