COST OF LIVING GRANT FUND APPLICATION
Application for a share of the £80,000 Fund for 2026/27

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

Section 1 - Contact Details

1 Name of organisation making application:

Name of contact for this application

Title: ……. First Name: …… Surname: ……

Position held in the organisation: ……

Contact Address, including full postcode:

……

……

……

…… Postcode: ……

Contact Telephone Number: ……

Email address: ……..

Section 2 - About your organisation

2.1 What type of organisation are you?

☐ Registered charity
☐ Charitable Incorporated Organisation (CIO)
☐ Not-for-profit organisation

2.2 What is your Charity Registration Number

2.3 Please describe your organisation's purpose and main activities
(Maximum 300 words)

2.2 How long has your organisation been operating in Shrewsbury?

2.3 Please describe your experience of delivering services relevant to the Cost of Living Fund themes
(Maximum 300 words)

2.4 Please confirm that your organisation has the following in place:

☐ Governing document
☐ Safeguarding policy
☐ Equality and diversity policy
☐ Financial controls and procedures

2.5 Please list any additional relevant policies

Section 3 – Project Summary

3.1 Project title

3.2 Which Cost of Living Fund priority theme(s) does your project address?

☐ Supporting older people
☐ Debt advice and financial inclusion
☐ Community transport
☐ Energy efficiency and fuel poverty
☐ Food support and food security

3.3 Please provide a brief summary of the project
(What you plan to do, who it will support, and how it will reduce costs for residents – maximum 300 words)

Section 4 – Need and Local Context

4.1 What local need does this project address in Shrewsbury?
(Please include evidence, data, or local insight where possible – maximum 400 words)

4.2 Who will benefit from the project?
(e.g. target groups, numbers of people or households, geographic focus)

Section 5 – Outcomes & Measuring Success

5.1 What outputs will your project deliver?
(e.g. number of people supported, advice sessions delivered)

5.2 What outcomes do you expect to achieve?
(e.g. money saved, debts reduced, energy usage lowered)

5.3 How will you measure and record these outcomes?
(Please describe your monitoring and evaluation approach – maximum 300 words)

Section 6 – Partnership & Collaboration

6.1 Which other organisations do you currently work with in Shrewsbury?

6.2 How will you work collaboratively as part of the Cost of Living Fund?
(Please include referrals, joint delivery, shared outcomes, or learning – maximum 300 words)

6.3 How will your project avoid duplicating existing services?
(Maximum 200 words)

Section 7 – Delivery & Management

7.1 How will the project be delivered?
(Key activities, timescales, and milestones – maximum 400 words)

7.2 Who will be responsible for delivering the project?
(Please include staff roles, volunteers, or partners)

7.3 What are the main risks to delivery and how will these be managed?
(Maximum 250 words)

Section 8 – Budget & Value for Money

8.1 Please provide a breakdown of how the £20,000 annual grant will be spent
(Attach a budget spreadsheet if required)

Project Expenditure Please list all items of expenditure for your project	Amount of Project
	£
	£
	£
	£
	£
Total	£

8.2 How does this project demonstrate value for money?
(Maximum 250 words)

8.3 Does this project receive funding from other sources?

☐ Yes

☐ No

If yes, please provide details.

Section 9 – Sustainability

9.1 How will the benefits of this project continue beyond the funding period?
(Maximum 300 words)

Section 10 - Your Accounts

10 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.

You need to include these documents with this application.

Section 11 - Account Details

11 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……

……

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……

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

1 Name ……. Position ……

2 Name …… Position ……..

3 Name …… Position ……

Section 12 - Any Other Information

12 Please provide and other information which you consider to be relevant to your application.

Section 13 Declaration

13 Signature of Senior Member of your Organisation

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 ……(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: ……

Title: ……. First Name: …… Surname: ……

Organisation address:

……

……

…… Postcode: ……

Telephone: ……

Signed: …… Date: ……

Section 14 Application Completion

14 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 Q13**

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: ❑

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