



STEWSONIA

COMMUNITY GRANTS FUND APPLICATION

PROJECT	PROPOSED START DATE	PROPOSED END DATE	GRANT AMOUNT REQUESTED

Contact Details

Name of organisation making application: STEWSONIA AMATEUR SWIMMING CLUB

Name of contact for this application:

Mr. Ramzi Alkuff surname Alkuff

Position held in the organisation: Chair

Contact Address including full postcode:

[Redacted address line]

Postcode: [Redacted]

Contact Telephone Number: [Redacted]

Email address: [Redacted]

2. Name of the organization:

1. City of New York

2. Address (Street, City, State, Zip):

100 West Street, New York, NY 10038

3. Telephone Number (Area Code, Number):

212 312 2000

Q1. How was your organization established?

By Law

Q2. Briefly describe your organization.

Describe your organization, including how many members you have, whether there is a subscription fee and the main services/functions you provide. If you are a non-profit organization, describe the services/activities you plan to provide.

We are an amateur swimming club for young people between the age of 12 and 20 years. We are currently an Amateur, providing swimming, training and competitive swimming. We provide professionally qualified coaches to train the members & currently have approximately 30 members. We are based at a school pool, public location.

Q3. If you are a subsidiary of a larger organization, please state which one.

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

Please state which and attach a copy.

YES

Q7. What is your primary source of funding?

Revenue by charging our members a monthly membership fee which is \$100 per annum.

The project will be a swimming club for children in the parish of Shrewsbury. The club will be open to all children aged 5 to 11 years. The club will be run by a committee of parents and will be open to all children in the parish. The club will be open to all children in the parish. The club will be open to all children in the parish.

08. Please state how you have consulted this need and how the project will benefit the people of Shrewsbury, together with the estimated time span. Also indicate any consultation funding for the project, please provide evidence for the consulted need.

The club has been established swimming available and the club has been open to all children in the parish. The club has been open to all children in the parish. The club has been open to all children in the parish. The club has been open to all children in the parish.

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

100-150

10. 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 club would like to invite 40 swimmers to enter the club. The club would like to invite 40 swimmers to enter the club. The club would like to invite 40 swimmers to enter the club. The club would like to invite 40 swimmers to enter the club.

ii) What other organisations are involved in your project and how do you intend to liaise with them?

We have no other organisations involved in our application to Swim England. We are a local swim club and we are based in Shrewsbury, Shropshire.

iii) Do the leaders have the relevant qualifications and/or experience?

All our coaching staff have nationally recognised qualifications from Swim England. We are coached directly by Swim England to maintain our Swim award for our club.

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 part of our Swim Mark affiliation to Swim England we have & have had approved policies relating to child safeguarding, risk assessment, 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.

Year	Project Description	Award

Project Income

Please list all sources of income for the project. If you are applying for a grant, please list the amount of money you are requesting for the project.

If you are applying for a grant, please list the amount of money you are requesting for the project.

Project Expenditure Please list all items of expenditure for a complete	Amount \$0.00
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Total	
Project Income Please list how the project shall be funded	
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What is the difference?	
This should be the same as the amount of Grant you are applying for	

01B - 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 have a number of...
 ...
 ...

Medicaid
[Redacted]
[Redacted]
[Redacted]

[Redacted]

[Redacted]

[Redacted] Date: 23/1/2023

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: 26/1/2023

How do I get a copy of the question
paper? It is available on the website
How do I know if I am eligible to stand for election?
How do I know if I am eligible to stand for election?
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Please return your completed application form to:

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

Telephone: 01743 261010
Email: Helen.ball@shrewsburytowncouncil.gov.uk