



Shrewsbury

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)	Production of a video telling Amy's story which will be used as a visual aid for our alcohol awareness school workshops.	GRANT AMOUNT REQUESTED	£ 2800
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Contact Details

Q1 Name of organisation making application:

Share Shrewsbury

Name of contact for this application

Mrs ... JaneMackenzie

Position held in the organisation:

Founder and Trustee

Contact Address, including full postcode:

████████████████████

██████████

114

Contact Telephone Number: Mobile: [REDACTED]

Email address [REDACTED]

About your organisation

Q2 What type of organisation are you?

Registered Charity: (X) Charity Registration Number 1181046

Voluntary Organisation: ()

Company Limited by Guarantee: () Company Number

Other – Please specify:

Q3 When was your organisation established?

.....2018

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.

Our charity has a board comprising three Trustees and two Expert Advisors. We have a team of 4 volunteers and over 150 local people who receive a regular newsletter and support our work. We support members of our community affected by alcohol dependence, including their friends and family. Our current project is all about developing and delivering alcohol awareness workshops to children in primary schools.

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

N/A

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

Please state which and attach a copy: Yes, to follow.

Q7 What is your primary source of funding?

Our funds are from fund raising activities, donations and grant applications.

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 have developed a dynamic alcohol awareness workshop called “Amy’s Story” based around my daughter, Amy’s, life, and her battle with alcohol. It has a deep impact on children because it is a true story, told with honesty and compassion. Over the past two years we have successfully delivered this twelve-minute introductory session to over two thousand children at the annual Shrewsbury Crucial Crew event.

We are now developing a longer, 45 minute, dynamic interactive version, matched to the National Relationships, Sex and Health Education Curriculum (RHSE) to deliver in schools.

A powerful part of these sessions have been a powerpoint presentation telling “ Amy’s Story”. We wish to produce a video version of Amy’s story which we can use to reach many more children and enable us to teach the key messages about reducing alcohol harm to children who have educational barriers which might otherwise prevent them from accessing the workshop.

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.

Research shows that the teenage brain is particularly vulnerable to alcohol damage, and children must be protected from these harmful effects. Despite this, both Shropshire Council and West Mercia Police, have withdrawn the alcohol harm reduction services they used to run.

At the same time, a recent WHO report found that the UK has the highest numbers of teenager drinkers in the world with over a third of UK eleven-year-old children had tried alcohol, rising to two thirds of fifteen year olds.

In Shropshire, alcohol was a factor in over a third of Child in Need assessments, so preventing children from drinking until they are adults would reduce this.

The benefits would be far reaching, improving children’s educational, social and personal life chances and potentially reducing ant-social behaviour in our communities. The advice to parents could ensure better understanding of the impact of alcohol on their children and families, and reduce harm.

This video would form an important part of both the workshops and the advice sessions for parents and teaching staff, enabling us to be more effective and reach more people.

Our plan is to deliver 30 workshops over a twelve month period from March 2026. Upon the successful completion of this project, we plan to expand it to older secondary school children from year 7 to 11.

With all this in mind, there is clearly a need to provide alcohol awareness workshops for children in Shrewsbury. The feedback we have had from teachers and parents is that our twelve minute taster workshops have had a significant impact on children - who remember the messages and the advice given. We have already received expressions of interest from a range of Headteachers and MATs.

Eventually, we are hopeful that our services will be commissioned, and the schools programme will become sustainable.

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

1800 children and over 200 adults.

iv. Please indicate which of the key pillars of the Council's Vision are met and how:

Pillars	Met	How
Building Resilient Communities For Shrewsbury	X	Teaching children, their parents and school staff how to make safer choices around alcohol
Supporting Shrewsbury Residents To Live Active And Healthy Lives Through The Provision Of Quality Services	X	Sharing information about the health and social impact of alcohol on the lives of the individual, families and communities
Preserving Shrewsbury's Heritage		
Creating A Greener And Better-connected Shrewsbury		
Maintaining A Sustainable, Resilient and Efficient Organisation	X	

Taking Positive Action To Tackle Climate Change		
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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 will road test our workshop and the activities within it with attendees at youth clubs prior to the start of our project.

We work with experienced substance use workshop educators, to ensure our workshops are fit for purpose.

We use questionnaires and verbal reporting to measure the impact of the learning received.

We will undertake a survey before and after each workshop with the students, teachers and their parents to measure what they have learned in the workshops.

We will gain feedback from the school staff about the impact of the workshop on the student participants in the weeks and months following the workshop.

We expect that over 2500 people living in the Parish of Shrewsbury will benefit from this project.

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?

Public liability insurance

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

Yes, the workshop leaders and assistants have experience working with young people, and further training will be given. We will ensure that CBR / DBS checks will be made.

- 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.*

All of the above policies, and copies can be provided

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 £
2021	Online conference	500

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 £ 2500 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
All in one Exploratory session with Aaron Childs to create content for a video telling Amy's Story	£1600
Additional short 2-minute promotional video	£ 3500
Promotional leaflets and Marketing	£ 550
	£
Total	£ 2500
Project Income	N/A
	£
	£
	£
What is the difference?	£ 2500

This should be the same as the amount of Grant you are applying for	
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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?

If the Town Council makes a lower offer, then this will impact on the project because we will not be able to make the workshop inclusive and accessible to children and adults with educational or literacy difficulties

We will need to fundraise to cover the shortfall.

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?

We are planning to charge Private Schools for our service from the start, and from 2027 we plan to seek to be commissioned by Shropshire Council or local MAT's.

Your Accounts

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

Total Income	£0
Less Total Expenditure	£554.45
Surplus / Loss	£(554.45)
Savings (Reserves, Cash, Investments)	£6,749.19

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. Filed with

Charity Commission

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..... [REDACTED]

..... [REDACTED]

..... [REDACTED]

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

1 Name [REDACTED] Position: Trustee

2 Name [REDACTED] Position: Financial Trustee

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 ofShare Shrewsbury.....(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...Treasurer.....

Title: ...[redacted]... First Name:[redacted]..... Surname:[redacted].....

Organisation address:

.....[redacted].....

.....

Postcode:[redacted].....

Telephone:[redacted].....

Signed:[redacted]..... Date: ...4/11/2025.....

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:

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