



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)	INSULATION OF COMMUNITY MEETING ROOM	GRANT AMOUNT REQUESTED	£2,000.00
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Contact Details

Q1 Name of organisation making application:
SHREWSBURY RAILWAY HERITAGE TRUST

Name of contact for this application

Title: MR First Name: DAVID Surname: MORRIS

Position held in the organisation: COMPANY SECRETARY

Contact Address, including full postcode:

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.....
.....

Postcode:

Contact Telephone Number:

Email address:

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: (✓) Charity Registration Number 1116296
Voluntary Organisation: ()
Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 When was your organisation established?

2006

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 ORGANISATION WAS ESTABLISHED TO PROTECT AND RESTORE THE HISTORIC ABBEY STATION. WE HAVE 100 MEMBERS, AND OUR ANNUAL SUBSCRIPTION IS £15.00. WE OPEN OUR BUILDING FOR PUBLIC ACCESS, MOST WEEKENDS AND HOLD REGULAR EVENTS. IT IS AVAILABLE 'FREE OF CHARGE' TO ANY GROUP WISHING TO USE IT.

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? YES

Please state which and attach a copy:

ENCLOSED

Q7 What is your primary source of funding?

MEMBERS SUBSCRIPTIONS; SECOND-HAND BOOK SALES; DONATIONS FROM MEMBERS OF THE PUBLIC

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.

INSULATION AND CLADDING OF SIDE WALL
ON 'CAR PARK SIDE' OF BUILDING.

QUOTATION FROM BUILDER ENCLOSED

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.

THE 'TEMPORARY BUILDING SOLUTION' WHICH WAS
HURRIEDLY POSITIONED DURING 'RESUE' OF THE
BUILDING, NOW REQUIRES A PERMANENT ENERGY
EFFICIENT REPLACEMENT. HEAT IS LEAKING FROM
THE BUILDING, AND THE PROPOSED REPLACEMENT WILL
MAKE THE BUILDING MORE COMFORTABLE FOR COMMUNITY MEETINGS.

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

2,000.00

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?

THERE WILL BE A SUBSTANTIAL REDUCTION IN ENERGY
COSTS. WE EXPECT ALL VISITORS / USERS OF THE BUILDING
TO NOTICE AN IMMEDIATE CHANGE IN THE HEATING
LEVELS. WE ARE CURRENTLY HOSTING UPWARDS OF
2,000 PLUS VISITORS / USERS PER ANNUM.

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?

FULLY COMPREHENSIVE BUILDING, FIRE AND
CONTENTS INSURANCE.
DETAILS ENCLOSED.

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

OUR BOARD OF TRUSTEES (AND MEMBERSHIP)
HAVE A WIDE RANGE OF PROFESSIONAL EXPERIENCE
AND FORMAL QUALIFICATIONS.

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

H & S POLICY ENCLOSED
REGULAR RISK ASSESSMENTS UNDERTAKEN

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	HEATERS IN MAIN ROOM	2,000
2018	INSTALLATION OF TOILET	1,000
2020	EXTERIOR DISPLAY PANELS	1,000

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 £2,000.00 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
EXTERNAL CLADDING	£ 5,000
	£
	£
	£
	£
Total	£ 5,000
Project Income Please list how the project shall be funded	
SHREWSBURY TOWN COUNCIL	£ 2,000
SHREWSBURY RAILWAY HERITAGE TRUST	£ 3,000
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£ 2,000

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?

WE WILL FUND RAISE LOCALLY, OVER
THE COMING MONTHS

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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?

ONCE THE PROPOSED WORK IS COMPLETED,
WE EXPECT ONLY MODEST BUILDING
MAINTENANCE OVER SUBSEQUENT YEARS.

Your Accounts

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

Total Income	£ 14,754
Less Total Expenditure	£ 4,335
Surplus / Loss	£ 10,419
Savings (Reserves, Cash, Investments)	£ 9,213

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.....

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

- 1 Name Position COMPANY SECRETARY
- 2 Name Position CHAIRMAN
- 3 Name Position

Any Other Information

Q17 Any other information which you consider to be relevant to your application.

ONLY A FEW YEARS AGO, OUR BUILDING WAS A WRECK AND A TOTAL EYESORE. HOWEVER, THROUGH LOCAL FUND-RAISING INITIATIVES AND GENEROUS BENEFACTORS, WE HAVE RESTORED IT, AND IT IS NOW AVAILABLE FOR 'FREE' USE BY ANY LOCAL COMMUNITY GROUP. THE ONLY ONE OF ITS KIND IN THE SHREWSBURY AREA.

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 Shrewsbury Railway Heritage Trust (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: Chairman

Title First Name: Surname:

Organisation address:

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SRHT. Abbey Station
192A Abbey Foregate,
Shrewsbury. SY2 6AH

Telephone:

Signed: 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: Date: 25 JANUARY, 2023

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:

COMMUNITY GRANT APPLICATION
INSURANCE DOCUMENT
ACCOMPANYING LETTERS

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**