



## 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

<b>PROJECT</b> (In no more than 25 words)	Sycamore house provides residential care for up to four children with learning and physical disabilities aged 5years- 18years, offering a nurturing, stable and safe environment.	<b>GRANT AMOUNT REQUESTED</b>	£ 2544.50
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**Contact Details**

**Q1 Name of organisation making application:**      Action for Children  
 .....

Name of contact for this application

Title : ~~MRS.~~      First Name:      Lily ..... Surname:      Haig .....

Position held in the organisation:..... Regional Fundraising Manager .....

Contact Address, including full postcode:

.....  
 .....  
 .....  
 .....  
 ..... Postcode: .....

Contact Telephone Number: .....

Email address: .. ..

**About your organisation**

**Q2 What type of organisation are you?**

Tick (✓) relevant category:

Registered Charity:  ( ) Charity Registration Number ...1097940.....  
Voluntary Organisation: ( )  
Company Limited by Guarantee: ( ) Company Number ...4764232.....  
Other – Please specify: .....

**Q3 When was your organisation established?**

.....1869.....

**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.

.....Action for Children supports children, young people and families across the UK, providing  
.....practical and emotional care and support. We provide 496 services and last year supported  
.....604,885 children, young people and families. We intervene early to stop neglect and abuse  
.....support children in and on the edge of care, provide mental health support and make life better  
.....for children with disabilities.  
.....

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

.....

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

Please state which and attach a copy:

.....Yes.....

**Q7 What is your primary source of funding?**

.....Action for Children gets some money from government, local authorities and businesses. But this kind o  
.....funding isn't guaranteed long-term. It's often restricted, so we can only use it for specific projects.  
.....

.....We rely on individual donations to provide much of the support we give to children.  
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**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.

The project would like to take the children and young people away on a trip to a caravan holiday park

Two adapted caravans would be needed to accommodate the young people and staff accompanying them, as well as funding to be able to pay for the activity pass so that the children can take part in all the exciting activities the holiday park has to offer.

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.

4 x young people who are residents at our Sycamore House service based in Shrewsbury will benefit from this holiday. 5 members of staff will accompany the young people due to the level of care and assistance the young people need.

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

9

**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 be able to give you an update and feedback from the service and young people as to how the holiday has made a positive impact to their lives, helping to create memories that will last a life time.

**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 coverage (£25,000,000 any one claim), Foster Parents limited liability coverage ,  
 (Coverage of £5,000,000), Employers liability coverage (coverage of £25,000,000)  
 Employer liability certificate, combine liability certificate, hired vehicles insurance certificate, Fleet  
 Vehicles insurance certificate, Professional Negligence Certificate

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

Yes  
 .....  
 .....  
 .....

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: Health and Safety, Child Protection/Safeguarding, working with vulnerable adults  
 Equal Opportunities, DBS Checks.  
 Child Protection - Identification, Referral, Escalation and Participation in Safeguarding Procedures  
 Safeguarding Young People and Adults at Risk of Harm Procedures  
 Allegations and Concerns Regarding Staff, Volunteers and Carers Procedures  
 Standards of Care Procedure  
 Deaths, Significant Incidents and Serious Injuries Procedures  
 Supervision procedure  
 Case Recording Policy  
 Safer Recruitment and Selection Policy  
 Code of Conduct Policy

**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 £

**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 £..£2455.50..... 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
adapted caravan 1 sleeps 4 (includes passes)	£ 1045
adapted caravan 2 sleeps 5 (includes passes)	£ 1437
Travel expenses (petrol 40p per mile)	£ 62.50
	£
	£
<b>Total</b>	£ 2544.50
<b>Project Income</b> Please list how the project shall be funded	
There is currently no funding specifically allocated for this trip.	£ 0
This trip will be funded from the grant received by the council. Any additional funds needed will be raised by individual fundraisers.	£ 0
	£
	£
	£
<b>What is the difference?</b> This should be the same as the amount of Grant you are applying for	£ 2544.50

**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?

..... The project will be extremely grateful of any funding awarded to them to be able to take  
 ..... the children and young people away. If the funding awarded is less than the total trip then  
 .....  
 ..... we will seek fundraising from local companies or individuals who would like to help support  
 .....

the project with fundraising activities.

**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?

Action for Children will always be reliant on the generous support of others to enable the charity to continue our vital work of helping to ensure that every child has a safe and happy childhood.

**Your Accounts**

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

Total Income	£	145.2 million
Less Total Expenditure	£	5.78 million
Surplus / Loss	£	5.8 million
Savings (Reserves, Cash, Investments)	£	7.8 million

*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.....

.....

.....

.....

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

1 Name .... Position ..... Senior Finance Business Partner

2 Name ..... Position ..... Managing Director for Fundraising

3 Name ..... Position ..... Chief Executive

**Any Other Information**

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

Please contact " if you would like any further information

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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 of ..... Action for Children ..... (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: Senior Corporate Partnerships Manager .....

Title ..... First Name: ..... Surname: .....

Organisation address:

.....

.....

..... Postcode: .....

Telephone: .....

Signed: ..... Date: 25/01/2022 .....

**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: 25.01.2022 .....

## 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:



AFC Bank statement

**Please return your completed application form to:**

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

**Telephone: 01743 281010**

**Fax: 01743 281051**

**Email: [Helen.ball@shrewsburytowncouncil.gov.uk](mailto:Helen.ball@shrewsburytowncouncil.gov.uk)**