

25 JAN 2022

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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)	Replacement Urinal + associated pipe work. New W.C. in gents.	GRANT AMOUNT REQUESTED	£ 2000
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Contact Details

Q1 Name of organisation making application:

..... Darwin Community Centre

Name of contact for this application

Title: MS First Name: Clare Surname: Williams

Position held in the organisation: Chairman

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 510370
Voluntary Organisation: ()
Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 When was your organisation established?

1975

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.

We are a community centre catering for all ages from 0-90yrs. We operate on volunteers, we have a kitchen bar and a large hall for up to 100 people.

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

No

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?

1) Income from bookings (which has been zero since 2019)
2) Fundraising.

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 gents toilet has been leaking during Covid - it has needed replacing but we have had to use our savings to keep the premises heated & maintained during the vacant period. ie (£1489 gas bill £12500 insurance this week)

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.

If these toilets are not replaced the leaks will continue & possibly further damage will be caused to the fabric of this G2 listed building.

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

5-600 moth

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?

A safer cleaner toilet facility is easier to rent out than a smelly leaky one!

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 with
1,000,000 public liability

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

N/A

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

Risk Assessment -
Each hier has the certification
needed for their booking.

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 £
20	General Upkeep of small schemes	?
		,

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 £2000..... 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
Urinal	£
W.C.	£
Hand basins	£
	£
	£
Total	£
Project Income Please list how the project shall be funded	
	£
	£
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£

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?

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.....

X awaiting quotes

.....
.....
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 hope that once Covid is ended we can revert to making a profit from bookings. We can then do our normal fundraise, community events.

Your Accounts

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

✱

Total Income	£22,254
Less Total Expenditure	£12,608
Surplus / Loss	£ 9,646
Savings (Reserves, Cash, Investments)	£ 9,110

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 Treasurer
- 2 Name Position Chairman
- 3 Name Position Committee

Any Other Information

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

COVID has derimated our bookings, a robbed the public of an opportunity to hold events. The sooner we can get back to normal the sooner we will take bookings, and fundraise to keep it operational.

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 Darwin Community Centre (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: TREASURER

Title: First Name: S Surname:

Organisation address:

.....

.....

..... Postcode:

Telephone:

k Signed: Date: 18.1.22

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: *vj* Date: 13.1.22

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
Riggs Hall
The Library
Castle Gates
Shrewsbury
SY1 2AS

Telephone: 01743 281010

Fax: 01743 281051

Email: Helen.ball@shrewsburytowncouncil.gov.uk