



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)	Purchase of Defibrillator	GRANT AMOUNT REQUESTED	£ 1,252
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Contact Details

Q1 Name of organisation making application:
Old Shrewsbury Bowling Club

Name of contact for this application

Title : Mrs First Name: Lesley Surname: Maydew

Position held in the organisation: 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
- Voluntary Organisation:
- Company Limited by Guarantee: Company Number
- Other – Please specify: Crown Green Bowling Club

Q3 When was your organisation established?

1907

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.

Old Shrewsbury Bowling Club is a sports club with a clubhouse and two crown bowling greens. In spite of Covid

we had a membership of 120 approximately, 20 of whom were new members for 2021. The adult membership fee

is £50pa. Members compete in various leagues organised by the County Association. 50 members are social

bowlers, OSBC is the only club in Shrewsbury to offer this facility. The demography of the social bowlers is

primarily 70+ years. This autumn, following the installation of heating, the club is now used for snooker and whist

drives. From January 2022 we hope to hold quiz nights and other social functions dependent on the limitations

that Covid 19 presents to us.

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:

Club Constitution

Q7 What is your primary source of funding?

Membership subscriptions

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.

This grant will go towards the purchase of a defibrillator which will be located within the club house. We feel it is absolutely necessary given the activity and age of our members. The club wants to promote the sport of disabled bowling and we are actively researching this project. Our future plans also include the opening of our agreens to local schools as an extra curriculum sport. The defibrillator will be a vital health & safety safeguard. As our building is subject to flooding, the defibrillator will be installed on the first floor connected to an electrical point.

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 nearest defibrillator is located in St Julians, approximately 300 metres away from our grounds. Valuable time would be lost in collecting it. OSBC offers Shrewsbury citizens the opportunity to be members and use our facilities. The health and well-being as well as the social interaction between our members many of whom are widows/widowers is important. The defibrillator will provide an on-site safeguard against an emergency.

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

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?

Apart from the 120+ members of OSBC, the High School (using the old Sevenside Bowling Club) the Prince of Wales Bowling Club and our grounds being close to the public walkway from Coleham/St Julians through to the Quarry, all could access the defibrillator if required. It is difficult to estimate a figure but the equipment could be of benefit to many. The success of this project will be the knowledge that the club has taken the responsibility of looking after the welfare of its members.

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 (£5m) building & contents insurance, Product liability insurance (£5m)

Employers' Liability (£10m) Directors and Officers Liability insurance (£250k)

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

We have safeguarding officers. We are organising first aid courses and would arrange for specific training for the defibrillator. The machine that we are looking to purchase also has prompt messages that will give step by step instructions.

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*

We have Safeguarding policy together with two safeguarding officers who have DBS checks.

We also have two recently qualified coaches who have current 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 £
Feb 2021	Community Grant - installation of outdoor stairlift (total cost £4,300)	£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 £.....1,252..... 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
Purchase of defibrillator - price including VAT This is a Philips HeartStart HSI indoor AED package which includes the defibrillator	£
with carry case, AED protect indoor white cabinet, AED protect responder kit and plastic 3D wall sign	£ 1,168.68
Compatible paediatric pads	£ 82.80
	£
	£
Total	£ 1,251.48
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	£ 1,251.48

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 club is determined to have a defibrillator on site and would fund raise within the club to cover any shortfall. Ongoing maintenance would funded by the club via income raised.

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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?

Our Club, over the last few years have made a concerted effort to make substantial improvements to our

clubhouse as a result of grant aid (flood relief) received from Sport England and Shropshire Town Council.

This has helped with attracting new members to the club. The installation of heating funded by the club means

that the building can now be used by members twelve months of the year.

Increased membership means an increase in revenue.

Your Accounts

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

Total Income	£ 32,653
Less Total Expenditure	£ 40,313
Surplus / Loss	£ 7,660 loss
Savings (Reserves, Cash, Investments)	£ 5,000

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 Treasurer.....

2 Name Position Secretary.....

3 Name Position

Any Other Information

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

In our financial year ending December 2020 we received £25,500 in grant aid, £10k for flood relief and £10k

Covid aid. Despite Covid 19, the club has been extremely active in improving our clubhouse and grounds.

The committee is ambitious in its plans to promote the sport of bowling. We recently held a Shropshire

County vs Yorkshire County Juniors competition and our greens are often used as a venue by the Shropshire

Crown Green Bowling Association. The club is run and aided by a dedicated group of volunteers.

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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 Old Shrewsbury Bowling Club.....(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:

.....
.....

..... Postcode:

Telephone:

Signed: Date: 6th December 2021

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: 6th December 2021

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:

Mission 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