



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)	Babystop Aims: Collection and redistribution of preloved and new baby items at monthly baby shares.	GRANT AMOUNT REQUESTED	£1469.92
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Contact Details

Q1 Name of organisation making application:

 The Severn Community Charitable Trust

Name of contact for this application

Title : ...Mrs First Name:Joanna.....Surname:Purslow.....

Position held in the organisation:.....Project Lead.....

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: (x) Charity Registration Number 1190695
Voluntary Organisation: ()
Company Limited by Guarantee: () Company Number
Other – Please specify:

Q3 When was your organisation established?

3rd August 2020

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.

The Severn Community Charitable Trust is a registered Charity founded to support and promote children's learning and wellbeing (0-18) across our community and beyond through innovative and creative projects that benefit the people in those communities.

Amongst our past projects are providing Christmas gifts for children in temporary accommodation and refuges, supporting the running of a community foodshare and providing remote learning equipment for families who needed them during lockdown.

As Covid restrictions ease we are now planning to add a drop in Internet Hub to our food share to support those who need to access technology for personal administrative purposes eg: benefits and school places.

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

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

Please state which and attach a copy: Yes (Copy attached)

Q7 What is your primary source of funding? Donations and 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 "Pop-Up Baby Stop" is an extension of our static BabyStop baby share event held in Castlefields in Shrewsbury. We believe that this project will benefit other local communities and wish to start running pop-up BabyStop Baby share events across Shrewsbury. It will offer families preloved baby clothes and equipment along with new nappies and products donated by local businesses and charities. The aim is to reduce waste and support families in saving money with children and babies from 0-5 years old. We have been donated a large trailer to livery and shop fit to allow us to take the event to communities across Shrewsbury. As well as sharing preloved products we will also be able to collect further donations to distribute so supporting our sustainability.

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.

Our present Babystop supports over 30 families in the Castlefields and Ditherington area. We also get messages from people from all over Shrewsbury asking if we can help them. We believe that alongside reducing waste by recycling preloved clothes and equipment, we also support families who may be struggling financially with the costs of a young family, particularly those who may not qualify for more formal assistance through government or charitable referrals. If we can take our BabyStop to other areas of Shrewsbury more families will be able to access this support and benefit from not only financial savings, but environmental through reducing waste and recycling.

iii. How many people from the Parish of Shrewsbury do you expect to benefit from your project or activity? 300+

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?

Our success criteria is measured on attendance at events. We started with 9 families at our present share and last month had over 30.

We plan to do 12 pop events a year and along with our established static event are aiming to support 300+ people across Shrewsbury.

An additional measure will be the environmental success measured in donations taken in against the amount given out at events. The ideal target being 100% over time of donations recycled for use or repurposed.

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

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

Our leaders and volunteers all work in schools and have Enhanced DBS, Safeguarding training, First Aid and share the group ethos of share and sustain.

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 work under the umbrella of the school Policies.

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 £1469.92 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
Trailer safety checks and repairs	£391
Shelving and travel/display storage & sales equipment	£1778.92
Travel expenses	£ 120
Supplementary products (eg: additional nappy and wet wipes)	£ 360
Cleaning and packaging	£ 240
Total	£ 2889.92
Project Income Please list how the project shall be funded	
Event donations	£360
Charity contribution	£ 600
Additional donations	£460
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£1469.92

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 would reduce the number of events accordingly.

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 our initial set-up costs are covered we will be able to support the project from donations at the events. This has been proven by the success of our static BabyStop.

The use of the trailer will allow us to collect large items such as prams and Pushchairs as well as clothing to allow a cycle of sustainability. Our average donations at present average around £30 for each event which covers our additional costs.

Your Accounts

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

Total Income For SCCT	£ 4,150.00
Less Total Expenditure	£ 3464.18
Surplus / Loss	£ 685.82
Savings (Reserves, Cash, Investments)	£ 0

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: L

Bank/building society address:

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

1	Name	Position Trustee (Secretary)
2	Name	Position Trustee (Treasurer)
3	Name	Position Trustee (Chair)

Any Other Information

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

Our vision is to reduce waste and support families by collecting and sharing baby products at our regular baby share. We attract families with babies from 0-5 years, who want to recycle unwanted products and to help with some of the financial demands of having a baby.

We have a positive social media presence on facebook and instagram.

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 The Severn Community Charitable Trust:

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

Title First Name: _ _ _ _ _ surname:

Organisation address:

Postcode: !

Telephone:

Signed:

Date: 27/01/2022

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:27/01/22.....

Checklist

- Have you answered every question?
- Have all signatures been completed?
- Have you included a copy of your constitution?
- Have you included a copy of your most recent audited accounts?
- Please state any supporting documents you are submitting:
TSCCT Annual Report & Accounts
BabyStop Accounts

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