



SHREWSBURY TOWN COUNCIL 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 REPLACEMENT HIGH JUMP LANDING BED.	GRANT AMOUNT REQUESTED	£1000 max.
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Contact Details

Q1 Name of organisation making application: SHREWSBURY ATHLETIC CLUB

Name of contact for this application

Title: MR. First Name: DEREK Surname: HAYWARD M.B.E.

Position held in the organisation:

PRESIDENT

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

Q3 When was your organisation established?

1958

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.

SHREWSBURY ATHLETIC CLUB HAS OVER 250 MEMBERS
OF AGES RANGING FROM 10 YEARS TO 80 YEARS.
THE CLUB CATERES FOR ALL FORMS OF COMPETITIVE
ACTIVITY (INCLUDING TRACK & FIELD (JUMPS, THROWS, HURDLES,
RUNNING), CROSS-COUNTRY AND DISTANT RACING.
EACH MEMBER PAYS AN ANNUAL SUBSCRIPTION
FEE

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:

CONSTITUTION

Q7 What is your primary source of funding?

MEMBER'S SUBSCRIPTIONS / MEMBERSHIP FEES

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.

PURCHASE OF A NEW HIGH JUMP LANDING AREA,
FOR THE LONDON ROAD STADIUM (S.C.R.T.). THE SAFETY
AREA WILL BE AVAILABLE TO ALL WHO USE THE
TRACK FOR ATHLETIC TRAINING AND COMPETITION. THIS
INCLUDES LOCAL PRIMARY & SECONDARY SCHOOLS, DISABLED,
AND COUNTY ORGANISATIONS IN ADDITION TO THE CLUB.

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.

WITHOUT THE LANDING AREA, ATHLETES AND USERS
CANNOT TRAIN OR COMPLETE IN HIGH JUMPING, WHICH
FORMS AN INTRINSIVE PART OF THE SPORT.
THE FORMER HJ BED NOW DOES NOT CONFORM TO
CURRENT SAFETY STANDARDS. THE BED IS USABLE ALL YEAR.

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

200 (?)

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?

THE FACILITIES ARE AVAILABLE TO ALL MEMBERS OF
THE COMMUNITY. IN PARTICULAR, HIGH JUMP COACHING
TAKES PLACE ON EVERY CLUB NIGHT (MON-USED).
IT IS HOPED THAT USAGE WILL CONTINUE AT THE
PRESENT LEVEL. WITHOUT THE FACILITY, POTENTIAL
ATHLETES WILL BE FORCED TO LEAVE THE CLUB AND
TRAVEL TO TELFORD OR WREAHAM. (THE NEAREST ALTERNATIVES)

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?

IT IS NOT POSSIBLE TO PERFORM HIGH JUMPING
WITHOUT AN OFFICIAL LANDING AREA MADE OF FOAM
AND OF REGULATION DIMENSIONS

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

YES. UKA COACHES or/and UKA OFFICIALS or
P.E. STAFF ARE ALWAYS PRESENT WHEN HIGH JUMP
EQUIPMENT IS IN USE.

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

THESE ASPECTS ARE COVERED BY THE GOVERNING
BODY OF ATHLETICS (UKA) TO WHOM THE SHEREWSBURY
CLUB AFFILIATES. ALL CLUB COACHES AND OFFICIALS
HAVE CRB COVER. THERE IS AN APPOINTED CLUB WELFARE
OFFICER

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 £
	N/A	

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 £1000..... 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
1 HIGH JUMP LANDING AREA	£ 3000
	£ + V.A.T.
	£
	£
	£
Total	£ 3000 + V.A.T.
Project income Please list how the project shall be funded	
(1) GRANT FROM SHROPSHIRE ATHLETIC ASSOCIATION	£ 1500
(2) CONTRIBUTION FROM SHREWSBURY ATHLETICS CLUB'S PRESIDENTS APPEAL	£ 500
(3) SHROPSHIRE COUNCIL LEISURE SERVICES.	£ V.A.T.
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£ 1000

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?

TO ENSURE THAT ATHLETICS COULD CONTINUE DURING THE 2018 SEASON, THE CLUB PURCHASED THE H.J. BED AND THUS CONTRIBUTED £1500 FROM ITS OWN FUNDS. ANY SHORTFALL OF THE REQUESTED £1000 WILL BE COVERED FROM CLUB FUNDING. THIS COULD RESULT IN A FURTHER INCREASE IN MEMBERSHIP FEES IN THE FUTURE WITH A SUBSEQUENT FALL-OFF IN MEMBERSHIP AS ATHLETES ARE ATTRACTED TO RIVAL CLUBS (TELFORD, BIRCHFIELD HARRIERS etc.)

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

APPROXIA HAS ALREADY BEEN MADE TO COLLEGE AUTHORITY AND, VIA STADIUM MANAGER OF THE PRIVATE FIRM WHO MANAGES THE STADIUM, TO MAKE FUTURE PLANS TO BUDGET FOR ITEMS OF CAPITAL & REVENUE EXPENDITURE.

Your Accounts

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

Total Income	£ 27,922
Less Total Expenditure	£ 24,597
Surplus / Loss	£ 3,324
Savings (Reserves, Cash, Investments)	£ 28,090

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 give us 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:

Bank/building society name:

Bank/building society address..... B

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

- | | | | |
|---|------------|---------------------|--------------------|
| 1 | Name | .. Position | CLUB TREASURER |
| 2 | Name | Position | CLUB STATISTICIAN |
| 3 | Name .. | ... Position | CLUB VICE CHAIRMAN |

Any Other Information

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

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PLEASE SEE COPY OF LETTER

DATED 26/10/18. , ATTACHED.

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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 SLIDENSBURY ATHLETIC 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 NZ First Name: IAN Surname: ALPORT

Organisation address:

.....
.....

Postcode:

Telephone:

Signed: _____ Date: 28/11/18

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: 10/12/18

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:

LETTER TO TOWN CLERK

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

SHREWSBURY ATHLETIC CLUB

STATEMENT OF ACCOUNTS

FOR THE YEAR ENDED 31 OCTOBER 2018