



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)	The design and manufacture of custom-made equipment for people with disabilities.	GRANT AMOUNT REQUESTED	£250
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Contact Details

Q1 Name of organisation making application: **Remap Shropshire**

Name of contact for this application

Title : **Mr** First Name: **Steve** Surname: **Bloor**

Position held in the organisation:

Project Secretary

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 **1137666**

Voluntary Organisation: ()

Company Limited by Guarantee: () Company Number

Other – Please specify:

Q3 When was your organisation established?

Nationally 50 years ago, locally 20+ years ago.

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.

About Remap [Shropshire]

Remap is a charity which produces aids and equipment for people with disabilities where there are no suitable alternatives. This service is provided free of charge and is delivered entirely by volunteers.

Our volunteers are experienced engineers or craftsmen with access to a wide variety of skills and expertise. Remap [Shropshire] is one of 70+ local groups spread across England, Wales and Northern Ireland. We have 25 volunteers

Each piece of equipment is tailor-made to suit the specific needs of one individual and is for their personal use only.

We usually work with health professionals like occupational therapists to make sure that the equipment we provide meets the needs of each person. It is best for those we are helping to involve their occupational therapist, or other health professional, from an early stage. There is no subscription fee.

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

Remap

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

Please state which and attach a copy: Articles of Association

Q7 What is your primary source of funding?

Donations and grants

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.

As with any other grant or donation we receive, the money will be used to enable us to

continue to provide aids for more people with disabilities. The money is used to buy

materials and reimburse volunteers for any expenses they may have incurred, mileage

etc.

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.

We constantly receive referrals from local Occupational Therapists to try and help people with disabilities with aids/equipment that cannot be sourced commercially or that are too expensive for them to buy.

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

See below

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?

In 2017 we helped 19 Shrewsbury residents and as year on year we help more people then expect this figure to rise in 2018

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? **Professional, Public and Employers liability**
- 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 where required. Details are in our Operations Manual.

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	N/A	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 **£250** 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
Money to be used to buy materials and other expenses for jobs as they are referred.	£
	£
	£
	£
	£
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?

We will use our existing funds.

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 constantly look for donations and grants to continue our work.

Your Accounts

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

Total Income	£5199
Less Total Expenditure	£3458
Surplus / Loss	£1741
Savings (Reserves, Cash, Investments)	£1569

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:

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

1	Name	Position
2	Name	Position
3	Name	Position

Any Other Information

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

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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 **Remap Shropshire** (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:

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:

Checklist

- | | |
|---|----------------------------|
| 1. Have you answered every question? | ✓ <input type="checkbox"/> |
| 2. Have all signatures been completed? | ✓ <input type="checkbox"/> |
| 3. Have you included a copy of your constitution? | ✓ <input type="checkbox"/> |
| 4. Have you included a copy of your most recent audited accounts? | ✓ <input type="checkbox"/> |
| 5. Please state any supporting documents you are submitting: | ✓ <input type="checkbox"/> |

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