



# 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

<b>PROJECT</b> (In no more than 25 words)	<b>Working with the Co-op, to distribute awareness raising leaflets and posters to customers, stating the dangers of addiction, and signposting them to local support.</b>	<b>GRANT AMOUNT REQUESTED</b>	<b>£ 1200</b>
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## Contact Details

**Q1** Name of organisation making application: **Share Shrewsbury**

Name of contact for this application

Title: **Mrs** First Name: **Amanda** Surname: **Hordern**

Position held in the organisation: **Share Volunteer**

Contact Address, including full postcode:

Postcode: !

Contact Telephone Number: !

Email address:

## About your organisation

**Q2** What type of organisation are you?

Registered Charity

Charity Registration Number: 1181046

**Q3** When was your organisation established? **December 2018**

**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.

Share is a charity which was established in response to local need, to support everyone affected by addiction, living in Shrewsbury. We are building a base of volunteers, most of which have personal experience of either living with someone with addictive behaviour, or in recovery themselves. This lived experience gives us an authentic voice to speak up for sufferers, and to work to improve local services. Currently we have about 50 Share supporters. There is no fee, and our members have already offered to freely provide services such as peer led support groups, yoga, art and crafts and cookery classes. Working with the Martin Wilson school, we will shortly be setting up a family and friends support group there. As a new organisation, we are working with TACT in Wellington and other partners, to bring supported housing to Shrewsbury for those in our community who need help to take the step back into rented accommodation.

**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: We have a constitution, emailed separately to

Andy and Helen

**Q7 What is your primary source of funding?**

Fundraising events and donations from the public.

**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.

Our volunteer, Amanda, has been working with us on this project to provide information for those at risk, about the dangers of alcohol, and to signpost them to local support services.

Sufferers from alcohol dependence tend to isolate themselves, only making contact with their immediate families, their GP, their place of employment and local services. However, according to the latest Public Health England's figures, only 12% of these sufferers ever seek help. Leaving a massive 88% who, due to societal stigma and shame, will not admit they have a problem, or ask for help to overcome their addiction.

**We have identified, that going to the supermarket to buy alcohol, is one of those occasions where we can identify some of the lost 88%. We have done market research with sales assistants, and they say they would also feel empowered if they were able to do something positive for these regular customers. I have discussed this project with the national PR director at the Co-op, and they have agreed to support and promote this initiative. We have agreed to deliver a pilot scheme in one store in Shrewsbury, and then roll it out more widely. The leaflets will be placed in the bags / offered to all customers buying alcohol in store. With sufficient funding, we will also be able to distribute these leaflets to Shrewsbury Samaritans, who have already asked us to do this, and other local organisations. We will also be able to advertise in local publications and via social media.**

**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.**

Over the next twelve months, this awareness raising project will enable us to start to identify the unmet need in Shrewsbury, not only of sufferers, but also of their loved ones who also need support. We will be able offer local support through the services being developed by Share, and also through the services already in place from other local organisations. We will not seek further funding for this project.

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

Several hundred.

**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 criteria used will be to measure:

- 1) The number of people who contact Share as a consequence of reading the leaflet.
- 2) The number of people who engage with services
- 3) We will carry out a survey of supermarket staff before and after the project to measure whether they feel more positive and empowered through being able to offer the support leaflets to customers.

## 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?

**We have full public liability insurance**

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

**Our Board of Trustees have many years of experience either in the sector, or in the**

**management of projects and financial matters. Chip Somers founded the Focus 12**

**rehab centre in Bury St Edmunds and was a Government advisor on Addiction.**

**Colin Sharp is highly qualified management accountant, and business leader.**

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**

iv)

**We have a safeguarding policy in place. The other policies are not applicable for this**

**project.**

## Funding of your project

### Q11 Previous Applications

N/A

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 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
Design layout work and researching the information for the leaflet (Clear)	£ 100
Design and planning work for the staff survey and collating the results (Clear)	£ 150
Printing and social media promotion costs (5000 plus leaflets as the project is rolled out in other stores)	£ 800
Delivery of leaflets and some staff training	£300
Miscellaneous	£50
<b>Total</b>	<b>£1400</b>
<b>Project Income</b> Please list how the project shall be funded	
Share donation	£ 200
Grant funding	£ 1200
<b>What is the difference?</b> This should be the same as the amount of Grant you are applying for	<b>£ 1200</b>

**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 not be able to go ahead with the project

**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 are applying for other grant funding.

We have opened a Share shop in the Riverside, and we have taken on a unit in the Riverside and are hiring the rooms out to other charities

We are planning fundraising events in Shrewsbury

**Your Accounts**

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

Total Income £ 21,963.05

Less Total Expenditure £ 4,035.92

Surplus / Loss £ 17,927.13

Savings (Reserves, Cash, Investments) None

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.

I have emailed our annual accounts to Helen.

**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:

### Any Other Information

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

It is vital to reach out and contact those alcohol dependent drinkers who is currently hidden from local services and whose addictive behaviour has a massive emotional and economic impact on their families, their employment, their lives and their wellbeing. We are putting support in place now, so that we will be able to offer them help. We are also working with commissioned services to strengthen their offer.

### 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 Share Shrewsbury

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 of Share Shrewsbury

Title First Name: Surname:

Organisation address:

Postcode:

Telephone:

Signed:

Date: 09.02.2020

**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.*

X  
Signed

Date: 09.02.2020

**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: