



SHREWSBURY TOWN COUNCIL COMMUNITY GRANTS FUND APPLICATION

SHREWSBURY TOWN
COUNCIL

4 JUL 2019

RECEIVED

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)	Inspire support CIC is a new community enterprise which is going to be offering support for people with mental health & well being issues.	GRANT AMOUNT REQUESTED	£ 1,800
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Contact Details

Q1 Name of organisation making application:

Inspire Support C.I.C

Name of contact for this application

Title: Miss First Name: Christie Surname: Martin

Position held in the organisation:

Company Director

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: (Y) Company Number 12050590
- Other – Please specify:

Q3 When was your organisation established?

14th June 2019.....

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.

'Inspire Support C.I.C.' is a new community enterprise which is going to be offering support for people with mental health and wellbeing issues due to transition stages /isolation /poor social skills /lack of life skills. This may be after being away from society, for other reason or in general because they are feeling isolated.

Inspire Support's offer for individuals, who have had little or no support network and lack of contact with family and friends, aims to give them the opportunity to start living in hope. Through our work and with their new found strength, and coping strategies they will be in a position to achieve whatever they put their minds to.

To make sure we get the right support for people locally experiencing mental health issues we are holding a coproduction session to develop workshops that provide what is needed for the people who would use it.

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:

Articles of Association

Q7 What is your primary source of funding?

At the moment I have funded all set up costs, I will be aiming to gain Health or Social Care contracts and provide workshops for self-funders for future income. I will also be using a kitchen as a training kitchen for food preparation as part of developing life skills

and healthy eating which will also be a chargeable service. Grant funding will help me to develop and provide quality support in the set-up phase while I grow my customer base and find service users.

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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.

Run workshops for people with mental health issues to consult about the support that would benefit them. Develop together a programme of workshops that can be delivered by professionals to meet those identified needs. Provide payment for some of those who are codeveloping the workshops to deliver sessions as part of the workshops. Start to deliver workshops and build a customer base whilst sourcing contracts through health.

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.

People have completed surveys for me at the Recovery College at Redwoods Centre and also on a taster day which was held in May where people with mental health issues and professionals came along. Other professionals from the NHS have also completed survey forms for Inspire. Our co-production day on Friday 5th July will very much provide more specific information about what is needed. The project aims to develop confidence, build skills that might enable re-entry into work by working together to develop a new service around gaps that they identify. The project would also provide funding to pay for some of the development group to co-deliver sessions. In addition, it will also provide a network of support for local people who experience mental health issues and a place to come and get support which is often lacking for this group of people. The setup phase and initial training and trial period for codelivery will last for 8 months at which time some of the participants might be in a position to set up as presenters for other workshops outside of Inspires sessions.

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

100 - 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?

Feedback forms will be used to gather information and outcomes from each interaction with people using the service as well as those coproducing it. We will expect a number of people who go on to deliver presentations independently. We will also be collecting data

on wellbeing of workshop participants both before the workshops and after a period of up to 3 months afterwards to record improvements from using techniques from the sessions they attend. During the 8 month period Inspire will run at least one workshop per week, with an average attendance of only 10 people per session the number of people benefitting could be as high as 320

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?

Workshop leaders will be engaged who have relevant skills and qualifications and other workshop delivery will be provided by experts by experience.

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*

Health and Safety, Safeguarding, Equality and Diversity. Currently developing Data Protection Policy and a Complaints procedure.

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 £1,800 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
Room Hire for 8 months	£960
Payment for delivering workshops for both professionals and co-delivery by experts by experience and resources needed for delivery	£6,400
Insurance	£106
Food and Drink	£640
Training	£500
Total	£8,606
Project Income Please list how the project shall be funded	
Self-funders	£3,000
Contracts	?
Professional workshops	£2,000
Crowdfunding and charitable donations	£806
Sponsorship and donation of time for workshop delivery	?
Sale of food and drinks	£1,000
What is the difference? This should be the same as the amount of Grant you are applying for	£1,800

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?

A shortfall in the funding provided might delay the commencement of the workshops or impact on how often they can be delivered which in turn might reduce the impact and recovery rate of people with mental health issues whilst alternative funding for the start up phase is identified. A small shortfall could possibly be made up by seeking sponsorship or crowdfunding.

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 will market our workshops to both professionals and self-funders once people with mental health experience are ready to co-deliver sessions. We will establish our kitchen and utilise opportunities for sales of food and drinks once people have developed skills to run this. We will explore with the NHS if people with personal health budgets could use these to pay for workshops.

Your Accounts

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

Inspire Support C.I.C is a new start-up organisation and does not have its first accounts yet.

Total Income	£
Less Total Expenditure	£
Surplus / Loss	£
Savings (Reserves, Cash, Investments)	£

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: [REDACTED].....

Bank/building society name: [REDACTED].....

Bank/building society address..

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

- 1 Name [REDACTED] Position *Director*
- 2 Name [REDACTED] Position *Non Executive Director*
- 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 *Inspire CIC* (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: Non Exec Director

Title [redacted] First Name: [redacted] Surname: [redacted]

Organisation address:

.....
.....

..... Postcode:

Telephone: [redacted]

Signed: [redacted] Date: 3/7/19

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: [redacted] Date: 2/7/19

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:

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