



## 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)	community centre for windows and boiler	<b>GRANT AMOUNT REQUESTED</b>	<b>£2000</b>
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### Contact Details

**Q1 Name of organisation making application:**

.....

Name of contact for this application

Title :miss ..... First Name: ...nadine .....Surname:

brooks.....

Position held in the

organisation:.....chairlady.....

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 517771.....
- Voluntary Organisation: ( )
- Company Limited by Guarantee: ( ) Company Number .....
- Other – Please specify: .....

Q3 When was your organisation established?

.....

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.

we have a lot of different organasitions that would be using the centre. tese would include  
boxercise, kung fu, working with youth justice to lower criminal activity, events for all kids and  
adults

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

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

Please state which and attach a copy:

yes.....

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

...fundraising applying for local

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.

...working with youth justice, local clubs, adult and kids mental healthn

services.....

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.....

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 live in a deprived area and some services that have been identified as needed in the area,

these are the main areas we are focusing on which is for adults and

children.....

.....

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.....

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

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?

...about 200. and the success of the anti social behaviour being reduced

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**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?

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*

...health and safety, safeguarding, child

protection,.....

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**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 £.....2000..... 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
windows, as current windows are smashed and rotten	£1000
boiler. does not work so new 1 is needed	£1000
	£
	£
	£
<b>Total</b>	£
<b>Project Income</b> Please list how the project shall be funded	
	£
	£
	£
	£
	£
<b>What is the difference?</b> 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 have to continue to try and fundraise which is hard due to covid,

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**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 we have income we wont need

grants.....  
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.....

**Your Accounts**

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

<b>Total Income</b>	<b>£0</b>
<b>Less Total Expenditure</b>	<b>£0</b>
<b>Surplus / Loss</b>	<b>£</b>
<b>Savings (Reserves, Cash, Investments)</b>	<b>£</b>

*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: .....  
association.....

Sort Code: ..... Account Number:  
.....

Bank/building society name: ....., .....

Bank/building society address. .... a  
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Who are the signatories and what position do they hold in your organisation?

1 Name ..... Position  
chairlady.....

2 Name ..... Position  
treasurer.....

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 ...harlescott centre.....(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:

.....chairlady.....

Title .....miss.... First Name: ...nadine ..... Surname: .....brooks.....

Organisation address:

.....  
.....  
.....

Postcode: .....

Telephone: .....

Signed: ..... Date: ...12 07 2021.....

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?
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](mailto:Helen.ball@shrewsburytowncouncil.gov.uk)