



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)	Second Congress of Polish Organisations	GRANT AMOUNT REQUESTED	£ 2000
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Contact Details

Q1 Name of organisation making application:
Shropshire European Organisation cic

Name of contact for this application

Title : ...Mrs. First Name: Kate Surname: Fejfer

Position held in the organisation: 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: Company Number
- Other – Please specify: Community Interest Company

Q3 When was your organisation established?

.....July 2015

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.

Our organisation was established in 2015 to provide welfare support to Polish and other marginalised groups in Shropshire. We found that we could create more equality and cohesion by working closely with other community groups and increase access to specialised support. More recently we have been working with community partners to disseminate best practice and ensure our services to match the needs of the community.

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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:

.....Yes

Q7 What is your primary source of funding?

.....grants, events, funding

.....

.....

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.

We are planning to hold a conference of minority community groups from Polish and Eastern European Backgrounds as a follow up to a successful event held in Shrewsbury in 2018. The purpose of the conference is to bring together people from a range of social enterprises, stakeholders and individuals who contribute or benefit from support to minority groups to improve lives and well-being.

The conference will identify best practice and stimulate innovative ways of reaching the target audience and will directly benefit the development of community cafes and welfare activities in Shrewsbury which will reach a wider and more inclusive section of the local population.

During the conference (which will take place at the Lion Hotel on the weekend of the 17th, 18th and 19th of September) experts from various sectors of community support will provide workshops and advice surgeries for local guests to attend.

The results of the conference will be filmed and promoted on social media and mainstream news channels.

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.

In 2018 we held our first Polish congress in Shrewsbury, which brought together 3rd sector organisations, individuals and services from the UK to see how best practice can be shared and how working together can achieve better results.

The feedback from the conference was very positive and it was hoped to follow up the congress in 2020. However the restrictions of covid19 and the uncertainty of travel meant that we postponed the event. Despite the lockdown, the relationships and support mechanisms continued from the first congress and the lessons learnt have improved the services provided for the local communities of Shrewsbury. Although the main event will be a 3-day conference to be run every 2 years, the activity is continuous and will result in additional services run through our community cafes.

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

2,100

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?

Our organisation provides several services which have been developed specifically to address the needs of minority communities in Shrewsbury. We measure the success by the numbers of people accessing the services and the number of people returning or accessing other services. The funding that we are asking for will contribute towards our conference which will inturn increase the range of services that we provide to our community as well as improve the best practice and ensure better services.

We expect over 2000 people who experience language and/or cultural barriers to benefit from the additional support that will result from the conference.

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

.....

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

.....Yes, our board has relevant qualifications including Equality & Diversity training, Safeguarding, Food Hygiene, Domestic Abuse, NVQ2 in social and adult care,

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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*

We have Safeguarding/Child Protection policy, Health & Safety including events, Equality & Diversity, our board, and volunteers have CRB checks

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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 £
2018	International Children's Day	200

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 £.....2,000.00..... 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
venue	£ 8,160.00
project based wages	£ 1,080.00
marketing	£ 425.00
insurance	£ 250.00
travel and accomodation, special guests	£ 2,500.00
Total	£ 12,415.00
Project Income Please list how the project shall be funded	
Big Lottery Grant	£ 9,915.00
internal funds	£ 500.00
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£ 2,000.00

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?

It would cause difficulties as the timescale before the event is short and the disruptions by covid restrictions has made planning difficult. However, we are confident that there are so many people wanting this conference to take place, that that additional funding would be found.

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Q14 Sustainability

What plans do you have in place to ensure that your organization becomes more sustainable and less reliant on grant funding, particularly from the Town Council?

We are in the process of developing additional services to be provided by our community cafes, which will create additional income and increase the sustainability of the organization.
We also intend to obtain commitment from our community partners to identify funding streams specifically for the next conference in 2023 thus reducing the need to rely on grants in the future.
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Your Accounts

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

Total Income	£	15246
Less Total Expenditure	£	3143
Surplus / Loss	£	12103
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 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:

Sort Code: ... Account Number:

Bank/building society name:

Bank/building society address... .. 2220 Shrewsbury

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

1 Name Position Director.....

2 Name Position Director.....

3 Name Position Secretary.....

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 Shropshire European Organisation 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: ...Director.....

Title First Name: Surname:

Organisation address:

.....
.....

..... Postcode:

Telephone:

Signed: Date:08/07/2021.....

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:08/07/2021.....

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