



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)	A comprehensive wellbeing programme for the elderly focuses on physical activity, mental health support, social engagement, nutritious meals, cognitive exercises, and community connection for a fulfilling life.	GRANT AMOUNT REQUESTED	£1,000
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Contact Details

Q1 Name of organisation making application: 4 All Foundation

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Name of contact for this application

Title: Mr.... First Name: ...George..... Surname: ...Hounsell.....

Position held in the organisation:Director Community.....

Contact Address, including full postcode:

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.....

.....

..... Postcode:

Contact Telephone Number:

Email address:

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: (✓) Charity Registration Number 1203479

Voluntary Organisation: ()

Company Limited by Guarantee: () Company Number

Other – Please specify:

Q3 When was your organisation established?

...2022.....

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.

....4 All Foundation is an independent charitable organisation delivering local, accessible activities, projects and initiatives to support the needs and aspirations of communities across Shropshire (including Telford & Wrekin) and surrounding counties.

Our work is delivered through local community hubs, schools and by outreach work within 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:

..... Memorandum of Association

Q7 What is your primary source of funding?

Funding via additional funding from external funders such as Lottery, Sport England and Telford & Wrekin Council.

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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.

Building on last year’s success, our Wellbeing Programme for the Elderly will expand to include a diverse range of engaging and supportive activities tailored to enhance physical, mental, and emotional health. The programme will feature seated health exercises to improve mobility and strength, creative workshops such as wreath-making to foster artistic expression, and allotment work to connect participants with nature and encourage outdoor activity. Social engagement will be prioritised through arts sessions, intergenerational events, and shared meals, fostering a sense of community. Each initiative is designed to promote connection, wellness, and joy, ensuring a fulfilling experience for all participants. Over the past 12 months of running the programme has seen community members (over 60s) who have been taking part in the activities, who previously hadn’t left their homes for over 18 months! Taking place from the Ditherington Community Centre in Shrewsbury.

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.

Following the success of last year’s programme and feedback from participants, we identified a growing demand for activities that improve physical health, mental wellbeing, and social connections among the elderly in Shrewsbury. The need was further highlighted through local surveys and consultations with community groups, which emphasised the importance of creative outlets, accessible physical activities, and opportunities to combat loneliness.

The expanded programme will benefit the people of Shrewsbury by providing inclusive activities like wreath-making workshops, allotment gardening, seated health exercises, and arts sessions. These activities are designed to improve physical fitness, foster creativity, enhance mental health, and strengthen community bonds, particularly for older residents who may face isolation.

The project is planned to run over a 12-month period, with regular sessions held weekly and special seasonal events throughout the year. This consistent and well-structured approach ensures long-term benefits and creates a lasting impact on the wellbeing of participants. The sessions take place every Monday between 10am to 12pm and would look to continue to take place if successful.

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

65

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 success of the project will be measured using several key criteria. These include tracking the number of participants and collecting regular feedback through surveys and evaluations to assess satisfaction and perceived benefits. Additionally, we will measure the impact on participants' physical health, mental wellbeing, and social connections through self-reported outcomes at the start, mid-point, and end of the programme. Success will also be indicated by the level of ongoing engagement and demand for future activities, ensuring the programme's sustainability and lasting impact on the community.

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?

4 All Foundation have £1 Million public liability insurance and £1 Million employee liability insurance.

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

Our Community Engagement Officers are qualified mental health first aiders (along with other qualifications) and have been running the programme for over 12 months.

- 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.*

4 All Foundation has many policies that include safeguarding, health & safety, equal opportunities and more. All staff are enhanced DSB checked and have safeguarding training also.

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 £
2023	Wellbeing Programme & Education Programmes	£2,000

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 £1,000 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
Staffing (£24 per session x 40 sessions)	£960
Resources	£40
	£
	£
	£
Total	£1,000
Project Income Please list how the project shall be funded	
Programme is free of charge.	£
	£
	£
	£
	£
What is the difference? This should be the same as the amount of Grant you are applying for	£1,000

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?

4 All Foundation would look to gain additional funding to ensure this programme can continue to run and be free of charge for the community members.

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?

To ensure long-term sustainability and reduce reliance on grant funding, particularly from the Town Council, we are implementing several strategies. These include developing partnerships with local businesses and organisations to secure sponsorships and in-kind support, as well as introducing a nominal fee structure for certain activities to cover costs while remaining accessible. We also plan to apply for diverse funding streams, including national grants and charitable trusts, to broaden financial support. Additionally, we aim to build a volunteer network to reduce staffing costs and increase community involvement.

Your Accounts

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

Total Income	£177,000
Less Total Expenditure	£60,500
Surplus / Loss	£112,000
Savings (Reserves, Cash, Investments)	£0

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: ... [redacted]

Sort Code: ... [redacted] ... Account Number: ... [redacted]

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

Bank/building society address.....

..... [redacted]

.....

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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] PositionChair.....

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 ...4 All Foundation.....(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:Chair.....

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

Organisation address:

..... [redacted]
.....
..... Postcode:
..... [redacted]

Telephone: ...0800 321 3617...

Signed: [redacted] Date:24/01/2025.....

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**

[redacted] f, all the information in this
t you may ask for additional
Date: ...24/01/2025.....

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
Livesey House
7 St John's Hill
Shrewsbury
SY1 1JD**

Telephone: 01743 281010
Email: Helen.ball@shrewsburytowncouncil.gov.uk