



## 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)	Support to children struggling with low-level mental health, anxiety, self-harm and broken families.	<b>GRANT AMOUNT REQUESTED</b>	<b>£ 10,000</b>
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### Contact Details

**Q1 Name of organisation making application:** CRANE QUALITY COUNSELLING

**Name of contact for this application:**

Title: Mrs

First Name: Lin

Surname: FOLEY

**Position held in the organisation:** [REDACTED]

**Contact Address, including full postcode:**

[REDACTED]

[REDACTED]

**Contact Telephone Number:** [REDACTED]

**Email address:** [REDACTED]

**About your organisation**

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

Tick ( ) relevant category:

Registered Charity: (CIO) ( X ) Charity Registration Number ..... 1175610 .....  
Voluntary Organisation: ( )  
Company Limited by Guarantee: ( ) Company Number .....  
Other – Please specify: ..... (CIO) .....

**Q3 When was your organisation established?**

..... 2017 .....

**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.

Crane Quality Counselling offers a range of counselling services to both adults and young people – the range of services includes family, personal, professional, low-level mental health, children (6 years-18 years), bereavement, suicide, step-parenting and employment difficulties where one-to-one counselling helps the clients to move on. We wish to further develop our range of bereavement services, especially to young people who are currently suffering at an all-time high.

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**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:

Constitution (attached) .....

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

We receive some donations from individuals, organisations and schools but our main source is through fundraising.

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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.

We are hoping to develop further the work we are undertaking at both schools/colleges and our centre with young people struggling with low-level mental health and bereavement, suicide and loss. The above issues are also relevant to adults, especially the older generation who are struggling with the onset of mental illness, including dementia.

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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 initially found the huge demand for the above areas of work, especially bereavement/loss/mental health and dementia, during the start of Covid 19 – we were awarded a three-year contract to work with Shropshire families, including young people. Over the three-year period we worked with over 1100 cases – at the end of this contract we were given the opportunity of continuing our work in schools with children.

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

Approx 40/50 families
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**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?**

We collect and review regular monthly statistics, and also receive comments on our end of case monitoring forms from the clients as they exit the service – copies of which can be made available.

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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?

We have both a professional public and employee liability insurance – covering to a maximum of £10 million.

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

All our professional counsellors are trained to either a 4-year diploma degree in counselling – all work with an enhanced DBS, are regularly monitored and supervised by our Practice Consultant and have all attended annual safeguarding training through Shropshire Council.

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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.*

Above policies attached.

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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 £
	Not applicable	

### 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 £... **5K per annum** ..... and provide a detailed breakdown as to how you have reached this figure - **2 years' funding**

<b>Project Expenditure</b> Please list all items of expenditure for your project	Amount of Project
Cost of counselling session – free to every child 7 years-18 years	£ 0.00
	£
	£
	£
	£
<b>Total</b>	£ 0.00
<b>Project Income</b> Please list how the project shall be funded	
We are a not for profit charity and therefore our charges for each appointment covers main costs, staff wages, £10 admin, £16 counsellor per appointment = £26 per appointment	£ 5,200
	£
<b>What is the difference?</b> This should be the same as the amount of Grant you are applying for	£ 5,200

**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?

Reduced number of appointments available to young people

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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?

Since Covid 19 it has been difficult to raise our own much needed funds through fundraising and donations – we now see signs of improvement and are working hard to set up events and re-open a charity shop in Shrewsbury.

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**Your Accounts**

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

<b>Total Income</b>	<b>£</b>	<b>See attached</b>
<b>Less Total Expenditure</b>	<b>£</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: [REDACTED]

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

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

Bank/building society address [REDACTED]

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

- 1 Name: [REDACTED] Position: Chairman of Trustees
- 2 Name: [REDACTED] Position: CEO
- 3 Name: [REDACTED] Position: Finance Manager

**Any Other Information**

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

Crane Quality Counselling was first opened in 2017 following the closure of a national charity. The charity delivers professional counselling sessions to both adults and children. Adults are asked to donate a contribution towards their appointment cost – young people are unable to do this. Schools/medical departments currently have long waiting lists for support – we pride ourselves on having no waiting lists and we see clients within 7-14 days of 1<sup>st</sup> contact.

## 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 **Crane Quality Counselling**:*

*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: Chairman of Trustees

Title: [REDACTED] First Name: [REDACTED] Surname: [REDACTED]

Organisation address:

[REDACTED]

Postcode: [REDACTED]

Telephone: [REDACTED]

Signed: ..... [REDACTED] ..... Date: 3 July 2024

### 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: 3 July 2024



## 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: Copy of reference from Shropshire Council for bereavement work carried out during 3 years of Covid 19

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