



## GRANT AID APPLICATION FORM FOR LOCAL PROJECTS

| Section 1 – About the Applicant  |   |
|--|---|
| Name of Applicant/Organisation   | Winningminds Ltd  |
| Applicant contact name, address, email and telephone*  | Park Newby<br>Winstanley House, Market Hill, SW.<br>07932 973766<br>MEMO@winningminds.com   |
| <small>*Please note that this information will be published in the public domain unless we receive express instructions to the contrary.</small> |   |
| Aims & Objectives of Applicant / Organisation<br>Tell us a little about your organisation – what you do and why                                  | I had a breakdown 25 years ago and after training in the neurosciences, I have helped nearly 3000 people beat stress, anxiety and depression on a 1-2-1 basis |
| What is the Nature of your Organisation?<br>ie are you a registered Charity, Social Enterprise or Community Interest Company?                    |   |
| If yes, please provide registration details:   | HM Company  |



5

Does Your Organisation Have:

A constitution:

Accounts:

Equal opportunities policy:

Safeguarding or child protection policy\*

Health and Safety policy

Yes  No   
Yes  No   
Yes  No   
Yes  No   
Yes  No

Please include a copy of these documents where available.

If these documents are not supplied, please advise why these details are missing.

\*If you are not able to provide a safeguarding or child protection policy, please advise how you will monitor and ensure the protection of children and vulnerable adults.

Is your application for a reduced hire fee for any Town Council premises?

Yes

No

If yes, what is the date of your event and have you booked the facility with the Town Council? 2023: 25<sup>th</sup> October 27<sup>th</sup> November

2024: 31<sup>st</sup> January, 27<sup>th</sup> March, 29<sup>th</sup> May, 25<sup>th</sup> September

If No, please proceed to question 7.



7

Have you previously applied to SWTC for grant funding?

Yes /  No

If Yes, please give details of when and if the application was successful, the grant received and the purpose. **Reminder that funding is restricted to one application per organisation per financial year (1<sup>st</sup> April – 31<sup>st</sup> March)**

*Free Hair Town Hall. January 2020*

**Section 2 – The Project**

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Project name:

*Utterwell*

Project aim:

*To Free Mental Health Forum.*

Start Date:

*October 2023*

End Date:

*September 2024*



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|    |  |
|----|--|
| 9  | <p>Please give details of the project activities and timeline</p> <p>6 x <sup>Free</sup> Health Talks on Mental Health and how to take a pro-active approach. Followed up by Q &amp; A session.</p>  |
| 10 | <p>What particular need do you consider the project will meet?</p> <p>Empower people to take more control of their mental health by understanding how their mind works &amp; why &amp; how they create problems</p>  |
| 11 | <p>How have you identified the need for this project? Please include your experience in this field and research and scoping that has been carried out with the intended target group</p> <p>National statistics vary according to the particular source, but mental health problems are extremely widespread and yet the understanding of them is almost non-existent</p>        |
| 12 | <p>Please give a reasonably accurate figure for the number of people, within Saffron Walden Town Council's area (the parish of Saffron Walden and Little Walden, see map attached for the area served by SWTC), the project will serve. If possible, please provide evidence of this within the Data Protection Act</p> <p>In 2020, 159 people turned up for a similar event</p> |



|        |   |
|--------|---|
| 1<br>3 | <p>Please give a brief outline of:</p> <ul style="list-style-type: none"><li>• How this project benefits the residents of Saffron Walden Town Council's area</li><li>• The change you wish to see as a result of your project or activity for the residents of the Saffron Walden parish</li><li>• How your project will be measured</li></ul> <p><i>Improved Mental health<br/>Difficult to measure directly</i></p> |
| 1<br>4 | <p>Where will any equipment be kept and how will it be insured?</p> <p><i>N/A</i></p>   |
| 1<br>5 | <p>Address where <u>main</u> activities will take place</p> <p><i>Town Hall, Saffron Walden</i></p>   |
| 1<br>6 | <p>How will you ensure that the project will be all-inclusive?</p> <p><i>N/A It's free</i></p>  |



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### Section 3 – Funding Requirement

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What is the total cost of the project? Please attach a budget breakdown for this cost

2 hours Hall rental x 6 = 2 x 6 x £41 = ~~£492~~ + vat  
 Full Page Ad Widdow Local = £600 = £590.40  
 Porter Printing = £100 Total £1290.40

1  
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Amount requested from Saffron Walden Town Council and for what purposes (please be as specific as possible) (please note grants are ordinarily restricted to £500 per application)

£500

1  
9  
Have you applied for funding from other sources for this project?

Yes

No

If yes, please indicate how much and who from

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0  
Have you applied for funding from other sources for any other project which may relate to this funding request? If so, please give details of when, and if the application was successful, please give details of the grant received.

NO

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1  
How will you ensure that SWTC support of this project is promoted?

SWTC will be acknowledged as a sponsor in all  
 Marketing.



### Section 4 – Contact Details

22 Contact details for this application (this must be someone who has full knowledge of the application and can answer questions about it). Please note that these details will be made known in a public forum unless you specifically advise that details should be with-held

Name: Mark Newey  
 Tel No: 07932-973756  
 Email address: Mark@Marknewey.com  
 Date of application: 8/9/23

23 Bank/Building Society Details: Warrington Ltd.  
 Grants will ordinarily be made by cheque payment.  
 Name to appear on cheque payment:  
 If this is not the name of the group applying, please provide an explanation for variance.

24 Declaration – must be signed by at least 2 persons  
 We confirm that the information given in this application is correct. We are authorised to make this application on behalf of:  
 Name of Organisation: Warrington Ltd  
 Signed: (1<sup>st</sup> person) Mark Newey  
 Name: Mark S. Newey  
 Position in Organisation: } N/A  
 Signed: (2<sup>nd</sup> person)  
 Name: