

## SAFFRON WALDEN TOWN COUNCIL

# Grant Application Form

Version	Date Adopted Policy	Minute Reference	Review Date
1	October 2016	A & S 116-16	October 2018
2	June 2018	F & E 380-18	October 2020
3	July 2019	F & E 038-19	October 2020
4	May 2021	F & E 053-21	Oct/Nov 2021
5	July 2022	F & E 108-22	October 2023



## GRANT AID APPLICATION FORM FOR LOCAL PROJECTS

	Section 1 – About the Applicant
1	<p>Name of Applicant/Organisation Hope Community Association</p>
2	<p>Applicant contact name, address, email and telephone*</p> <p>Gillian Smith New Life Church 9 Shire Hill Saffron Walden CB11 3AQ</p> <p><a href="mailto:gillsmithxxy@gmail.com">gillsmithxxy@gmail.com</a></p> <p>01799 524709 07858 568970</p> <p><i>*Please note the whole application will be published in the public domain unless we receive express instructions to the contrary.</i></p>
3	<p>Aims &amp; Objectives of Applicant / Organisation Tell us a little about your organisation – what you do and why We help provide food for families and individuals who are struggling to meet the requirements of family life. We do it because of our faith, following Christ, and we see a need for food provision for the poor in our town.</p>
4	<p>What is the Nature of your Organisation? ie are you a registered Charity, Social Enterprise or Community Interest Company?</p> <p>Hope Community Association is a Constituted Association but are under the umbrella of New Life Pentecostal Church, which is a charity.</p> <p>If yes, please provide registration details: 1054353</p>



5	<p>Does Your Organisation Have:</p> <table><tr><td>A constitution:</td><td>Yes /</td></tr><tr><td>Accounts:</td><td>Yes /</td></tr><tr><td>Equal opportunities policy:</td><td>Yes /</td></tr><tr><td>Safeguarding or child protection policy*</td><td>Yes /</td></tr><tr><td>Health and Safety policy</td><td>Yes /</td></tr></table> <p>Please include a copy of these documents where available.</p> <p>If these documents are not supplied, please advise why these details are missing.</p> <p><i>*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.</i></p>	A constitution:	Yes /	Accounts:	Yes /	Equal opportunities policy:	Yes /	Safeguarding or child protection policy*	Yes /	Health and Safety policy	Yes /
A constitution:	Yes /										
Accounts:	Yes /										
Equal opportunities policy:	Yes /										
Safeguarding or child protection policy*	Yes /										
Health and Safety policy	Yes /										
6	<p>Is your application for a reduced hire fee for any Town Council premises?</p> <p>No</p> <div data-bbox="370 945 505 1024" style="border: 1px solid black; width: 80px; height: 38px; margin: 10px auto;"></div> <p>If yes, what is the date of your event and have you booked the facility with the Town Council?</p> <p>If No, please proceed to question 7.</p>										
7	<p>Have you previously applied to SWTC for grant funding?</p> <p>Yes /</p> <p>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)</p> <p>Yes, received £500 last May for our Pop-Up Shop, where the families on our register can come in and take 20 items of food for free. The money was used to buy the food.</p>										



	<b>Section 2 – The Project</b>
8	<p>Project name: Pop-up Shop</p> <p>Project aim: To provide food for needy families each week.</p> <p>Start Date: On-going</p> <p>End Date: On-going</p>
9	<p>Please give details of the project activities and timeline –</p> <p>Works on a weekly basis of one hour's opening when needy families can choose up to 20 food items to help with their weekly food shopping. The food consists of a mixture of some fresh food but mainly tinned items and dried foods, such as pasta and rice.</p>
10	<p>What particular need do you consider the project will meet?</p> <p>Providing food to families who are struggling to buy sufficient for their needs. Also we give moral support and a listening ear.</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>Yes – we have been helping these families for a number of years now, attempting to help them come out of poverty. We are supporting them through difficulties constantly. We also do Foodbank Referrals when needed. At present we have 46 families on the Pop-Up books, although not all turn up every week – we often have around 5 to 6 families per week.</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>We help up to 52 families/individuals, which includes approximately 118 children.</p>
13	<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>This project helps the 50 families we have on our books to provide food for their families when they are struggling. Ultimately we would like to see these families being able to provide for their families without outside assistance, and be out of poverty. The success of the project is measured in how many of the families tell us that they no longer need our assistance.</p>
14	<p>Where will any equipment be kept and how will it be insured?</p> <p>All equipment is kept within the church building and is covered under the church insurance.</p>
15	<p>Address where <u>main</u> activities will take place</p> <p>New Life Pentecostal Church 9 Shire Hill Saffron Walden CB11 3AQ</p>



16	<p>How will you ensure that the project will be all-inclusive?</p> <p>The families were initially directed to us via local schools, who provided details of families who had school aged children who received free school meals. Also there were referrals from the Citizens Advice Bureau, GPs, and we have a number of Ukrainian refugees. We do not discriminate against anyone but accept them if they need help.</p>
	<b>Section 3 – Funding Requirement</b>
17	<p>What is the total cost of the project? Please attach a budget breakdown for this cost</p> <p>The Pop-up Shop is costing roughly £150.00 per week, and is on-going.</p>
18	<p>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)</p> <p>£500.00</p>
19	<p>Have you applied for funding from other sources for <b>this project</b>?</p> <p style="text-align: center;">             Yes <input type="checkbox"/>                      Yes <input type="checkbox"/> </p> <p>If yes, please indicate how much and who from – We apply from various organisations, such as Stansted Airport, EALC, Essex Community Foundation, Tesco Stronger Starts.</p>
20	<p>Have you applied for funding from other sources for <b>any other project</b> 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.</p> <p>Yes, we also run Bags of Hope, ideally three times a year.</p>



21	<p>How will you ensure that SWTC support of this project is promoted?</p> <p>We will mention it on the Church Facebook Page as well as the Hope Community Hub Facebook Page.</p>
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Section 4 – Contact Details	
22	<p>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</p> <p>Name Gillian Smith</p> <p>Tel No 01799 524709 07858 568970</p> <p>Email address gillsmithxxy@gmail.com</p> <p>Date of application 10<sup>th</sup> April 2025</p>
23	<p>Bank/Building Society Details – Co-operative Bank, Hope Community Association, Sort Code – 089299, Account number - 67384578</p> <p>Grants will ordinarily be made by cheque payment. Name to appear on cheque payment: Hope Community Association</p> <p>If this is not the name of the group applying, please provide an explanation for variance.</p>
24	<p>Declaration – <b>must be signed by at least 2 persons</b></p> <p>We confirm that the information given in this application is correct. We are authorised to make this application on behalf of:</p> <p>Name of Organisation: Hope Community Association</p> <p>Signed: (1<sup>st</sup> person) Mrs G Smith</p> <p>Name: Gillian Smith</p>





Position in Organisation: Chairperson

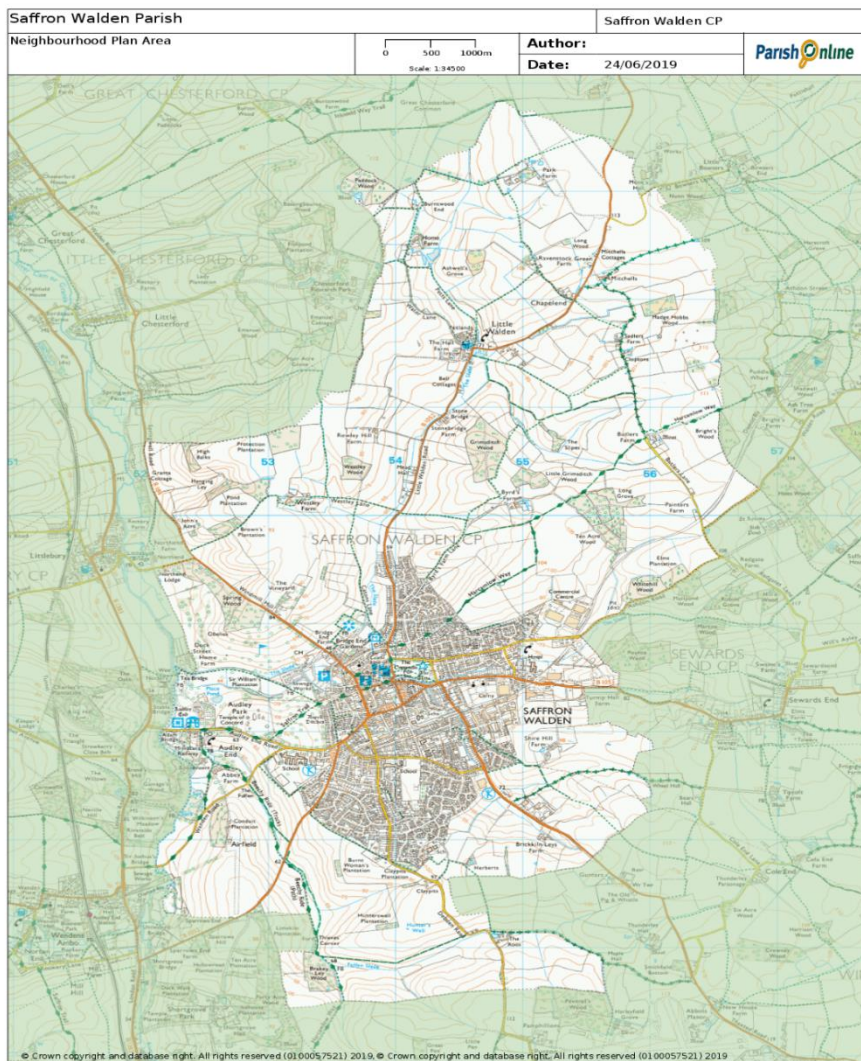
Signed: (2<sup>nd</sup> person) Dawn Dorrington

Name: Mrs Dawn Dorrington

Position in Organisation: Treasurer

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**Map showing the parish of Saffron Walden.  
The Town Council serves all the area shown in white**







## For Internal Office use only: Information to Committee

**Details of any previous grants awarded to this Organisation**  
(Provide details for grants in past five years)

£500.00 – February 2024

**Additional Information:**

**Recommended Source of Funding:**  
(As recommended by SWTC Officer)

Youth Partnership ☐  
(to Assets & Services Committee)

Current balance in budget .....

Small Grants Scheme ☒  
(to Finance & Establishment Committee)

Current balance in budget £3,000

Free of Charge Hire ☐  
(to Finance & Establishment Committee)

Current balance in budget .....

**To be completed for questions 6 & 7:**

Commercial hire cost:

Resourcing cost to Town Council (any additional cost):

Potential Net loss / profit to SWTC: