

## **MALMESBURY TOWN COUNCIL**

## GRANT APPLICATION FORM FOR VOLUNTARY ORGANISATIONS (\$137 Local Government Act 1972)

Please complete in dark ink and BLOCK CAPITAL LETTERS or type

CONTACT DETAILS				
Name of Organisation:	HEALS OF MALMESBURY			
Charity No: (if applicable)	1167780			
Name of contact:	Liz Cook			
Contact address: (please include postcode)	The Old School Room Malmesbury Town Hall Malmesbury SN16 9BZ			
Contact telephone no:	01666 825202 Mobile 07825757209			
Contact email address:	Heals.malmesbury@gmail.com			
Position in organisation:	Trustee			
YOUR GROUP				
Organisation's principal aims and objectives:  What services, facilities and/or activities does your organisation provide?	We support individuals and families in Malmesbury and surrounding villages who may be in poverty, vulnerable or disadvantaged. We help people make positive change by accessing local services and hardship support. We work in partnership with a number of local organisations including the Coop, Aldi, Malmesbury & District Foodbank, The Rise Trust, Wiltshire Police and Wiltshire Council.  We offer advice, signposting, advocacy, Community Fridge, Community Wardrobe, Summer Activity Programme, Christmas Community Lunch, Pantomime trip, Santa and Easter delivery runs			

Approximately, how many Malmesbury residents benefit from the above service, facility and/or activity?	Some 45 young people from 24 families out of the 61 young people participating in the 2023 HEALS Summer Programme live in the Malmesbury Town Council area.			
YOUR EVENT, ACTIVITY OR PROJECT				
Purpose for which grant aid is sought:	Our summer programme consists of three residential summer camps and a further 22 free events, activities and half or full day trips. Many of the activities are provided by local arts, conservation and sports clubs including Movies at Malmesbury, Malmesbury Tennis Club, Malmesbury Junior Football Club and the Last Baguette theatre company. We are facing significant increases in the cost of transport, food provision and in some cases, event entry costs.			
Please state briefly how a grant would benefit the community and/or residents of Malmesbury:	The grant will help to offset our increased costs of the 2023 HEALS summer programme which have risen as a result of inflation and more young people attending than ever before. This extra funding helps us to maintain this as a free programme.			
When are you planning for your project or activity to place?	Start Date: 31 July 2023 End Date: 2 September 2023			
What, if any safety issues are related to your event/ project/ activity? Safety issues could be related to participants, organisers, general public and /or the environment. Please tell us if your project/ activity has any such issues and what actions, policies or insurance you have to minimise risk.	All our activities, events and trips are supervised by experienced HEALS volunteers with up-to-date DBS certificates. They are fully briefed on our safeguarding and incident management procedures. A first aid kit and incident management record book travels with us to every activity, event or trip.  We also hold confidentially the medical and contact details of every child, as well as medication.			
FUNDS				

Amount of grant aid sought:	£500
How much will the event/ project/ activity cost in total?	Total Cost = £11,088
Please give us a breakdown of how the grant money will be spent (i.e. itemise costs):	<ol> <li>1. 17 x children from Malmesbury attending three residential Summer Camps £4,298</li> <li>2. 22 x half and full day activities, events and trips during the school summer holidays £6,790</li> </ol>
How much money has been/ is being raised towards this? (Please give full details including other sources of funding being sought).	We have applied for a grant funding from other alongside Malmesbury Town council.  Approved  1. Malmesbury Area Board £2,500  2. Malmesbury Area Community Trust £1,000  3. Warden & Freemen of Malmesbury £500  4. Malmesbury League of Friends £1,000  5. Neighbourly (Community Fund) £500  Awaiting decision  1. The James Dyson Foundation - £1,000  2. Malmesbury Town Council - £500  3. Magic Little Grants (Local Giving) - £500
If applicable - how do you plan to raise funds to meet any shortfall and by when?	Current Shortfall is £3,588 assuming all grant applications are successful. Any financial help from Malmesbury Town Council to reduce the impact of this shortfall on HEALS would be hugely appreciated
Please give us your bank or building society account details of where the grant is to be paid, should your application be successful:	Bank/ Building Society Name and Sort Code:  HSBC  Bank/Building Society Address:
This account should require at least two people to sign each cheque or withdrawal.  These people should not be related.  Please confirm who	Bank/Building Account Name and Number: Account Number: 31512773 Sort Code: 40 31 07  I confirm that two signatories are required to sign each cheque or withdrawal of funds: The names and positions of the signatories are:  Name: Cllr Gavin Grant, Chair of Trustees
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these signatories are and the position they hold in your group.  Have you previously	Name: Laila Valentine, Treasurer  If yes, please state when, the amount and purpose of the grant).			
received a grant/donation from Malmesbury Town Council?	Yes in 2022 for the summer programme.			
MORE INFORMATION				
Please provide details from your most recent annual accounts:	Account year ending: 2021/22  Total (gross income)	£104,173		
	Minus total expenditure	£ 45,661		
	Equals profit for the year	£ 58,512		
	Savings (reserves, cash, investments)	£6,028		
Senior Contact: Please read and sign the declaration on this form: (This could be your Chairperson, Treasurer or Secretary, for example. They must read the application and also sign below. They must be different to the person applying for this grant as on Page 1 of this form).	I confirm, on behalf of (insert name of group):			
	Heals of Malmesbury			
	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 further confirm that this application is made on the basis that if successful, the group will be bound to use the grant only for the purpose specific in this application and will have to comply with any terms and conditions attached to the grant.			
	Position held in Group: Trustee			
	Name: Liz Cook			
	Address: HEALS of Malmesbury, The Old School Room, Town Hall, Cross Hayes, SN16 9BZ			
	Phone No: 0782 57 57 209 heals.malmesbury@gmail.com			
	Signed: Liz Cook Date:29 August 2023			
Confirmation and Signature of Main Contact as on Page 1.	I confirm that. To the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for any additional information at any stage of the application process.  Signed: Liz Cook Date:29 August 2023			