



Approved Minute no.

Office use only

Teignmouth Town Council GRANT APPLICATION

Please answer all questions – failure to do so may result in a delay in the determination of your application

Q1 Contact Details

Name of organisation making application:

..... TeignAid

Name of your project (if this is different):

..... TA: Community Outreach

Name of contact for this application

Title : Ms First Name: KATHERINE Surname: O'KEEFFE

Position held in the organisation:

..... SECRETARY

Contact Address, including full postcode:

..... 15 BITTON PARK ROAD

..... TEIGNMOUTH TQ14 9BT

.....

..... Postcode:

Contact Telephone Number: 07715410302

Email address: kathok@hotmail.com

..... teignaidinfo@gmail.com

About your organisation

Q2 What type of organisation are you?

Tick (✓) relevant category:

Registered Charity: () Charity Registration Number

Voluntary Organisation: (✓)

Other – Please specify: Community Benefit Society

Q3 When was your organisation established?

2018

Q4 Briefly describe the purpose of your organisation.

Describe the usual activities/services you provide.

If you are a new organisation, describe the services/activities you plan to provide.

TeignAid provides benefits, housing and tenancy advice and support to homeless and imminently homeless clients. We also now assist people with any benefit and housing issues and act as advocates on their behalf by attending hearings and speaking to authorities on their behalf.

Q5 If you are a subsidiary of a larger organisation, please state which one;

.....

Q6 Does your organisation have an agreed constitution or Memorandum of Association?

Please state which and attach a copy:

We have a Memorandum of Association which can be provided.

Q7 Previous Applications

If you have applied for and received funding from Teignmouth Town Council in the past please provide details of the amount, the year and briefly what the funding was used for.

.....
.....
.....
.....

Details of the project or activities you are planning

Q8 Describe the projects/activities you plan to use this grant for.

Try to be specific about what you will do and how you will do it.

With more vulnerable people currently facing huge difficulties we would like to be able to address these new challenges and to set up a warm, welcoming, safe space; a 'hub'. We also need to publicize ourselves more widely to Teignbridge residents.

Please state how you have identified this need and how the project will benefit the people of Teignmouth, together with the estimated time span.

We have more people than ever looking for assistance, some in very dire circumstances. We are Teignbridge focussed but Teignmouth based (at the Alice Cross Centre). Our project is a year.

Q9 What criteria will you use to measure the success of the project and how many people from the Town do you expect to benefit for the project/activity?

We have regular meetings where we discuss (anonymously) the progress of our work with clients. Over the next year we expect to work with 100/150 individuals

.....
.....
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 Public and Product
Liability Insurance on a
Small Charity Policy

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

Our advisors are either C.A.B.
trained or have navigated the benefits
system themselves and attend training courses.

iii) What policies does your organisation have in place (i.e. Health and Safety, Safeguarding, etc.)?

We have Health and Safety
and Safeguarding Policies in place.
These are reviewed at meetings.

Q11 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 £1,400..... and provide a detailed breakdown as to how you have reached this figure.

- 1 year's rent of Room 2 Alice Cross £950
- Provision of a safe 'hub' for distressed, vulnerable residents
teas, coffee, refreshments,
information £200
- Attending hearings, Newton Abbot + Exeter £200
- Publicity, leaflets, gazebo hire, transport £50

Tell us how much money the project will cost in total: £1,400.....

How much money has been raised towards this sum: £.....

Please list the amounts and sources of funds that you expect to receive for other funding sources.

N/A.

Q12 Any other information which you consider to be relevant to your application.

We will be open 52 weeks of the year to support anyone in difficulty, distress and negotiating the myriad of different agencies and to speak on their behalf.

Q 13 Please give us your bank or building society account details

You can only apply for a 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: TeignAid CLT Ltd

Sort code: 30-90-89

Account number: 37168360

Bank/Building Society name: Lloyds Bank

Bank/Building Society address.....

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

1	Name	M. WARRENSE	Position	CHAR
2	Name	B. MATTOCK	Position	TREASURER
3	Name	K. O'KEEFFE	Position	SECRETARY

✓ Q14 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.

Please attach your most recent audited accounts or financial projections for a new organisation. You need to include these documents with this application.

ATTACHED
BELOW

Q15 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 TeignAid.....(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:

.....Chairperson.....

Title Ms First Name: Marilyn Surname: Warrense

Contact address:

.....36 Higher Brimley Road.....
.....Teignmouth, Devon.....
.....TQ14 8JY.....
.....

.....
..... Postcode:
Telephone:

Signed: Date:

Q16 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 Q15**

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: *K.S. Olu* Date: *30.3.2023*

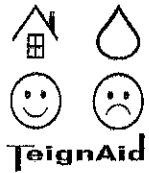
I agree that by completing and submitting this Grant Application Form, that the Council may process my personal information for providing information and corresponding with me but will not otherwise share that data. Specifically, I agree that the Council can keep the contact information data I have provided within the Form for the purposes of this Grant Application. Should the organisation be successful in securing a Grant this information may be kept for a period of 6 months. If however the Application is unsuccessful I would expect the Form to be destroyed as soon as the decision making process has been completed and the organisation has been advised to that effect. I am aware that I can request that my personal information be destroyed at my request, but I accept that this may impact the communication the Council would be able to have with the organisation.

Signed *KS Olu* Date *30.3.2023*

Please return your completed application form to:

Town Clerk
Teignmouth Town Council
Bitton House
Bitton Park Road
TQ14 9DF

Telephone: 01626 242085
Email: townclerk@teignmouth-devon.gov.uk



TeignAid CLT Ltd

End of year financial statement – 1st Dec 2020 to the 30th Nov 2021

Income		
Bank Account	£875.69	
Petty Cash	£24.00	
Balance brought forward		£909.69
Donations		
CVS	£750.00	
Olly Giddings	£300.00	
NACMA	£250.00	
Stella McKay	£456.00	
HMRC	£237.15	
Total Income		£1,993.15
Total		£3,002.22
Expenditure		
Rent	£801.00	
Insurance	£533.97	
Accountants	£73.80	
Sundry	£31.00	
Client support	£500.00	
Support	£50.00	
Total Expenditure		£1,989.77
Bank Account	£879.07	
Petty Cash	£17.00	
Balance as of the 30st Nov 2021		£896.07
Uncleared Expenses (+):		
Uncleared income (-):		

Statement prepared by B: Mattock TeignAid Treasurer –

Signed:

Date:

Checked by: Jane Haden

Signed:

Date:

Checked by: Lily Chasteau

Signed:

Date: