



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: TEIGNMOUTH HUB
Name of your project (if this is different): N/A as above
Name of contact for this application

Title: MRS First Name: SU Surname: TWIGG

Position held in the organisation: TRUSTEE

Contact Address, including full postcode:
19 WOODWAY ROAD
TEIGNMOUTH
DEVON

Postcode: TQ14 8QB

Contact Telephone Number: 07773479358

Email address: teignmouthhub@gmail.com
About your organisation

Q2 What type of organisation are you?

Tick (U) relevant category:

Registered Charity: Charity Registration Number 1204255

Voluntary Organisation: ()

Other – Please specify:
.....

Q3 When was your organisation established?

July 2023

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.

Teignmouth Hub will provide a community space

for a variety of activities such as:-

- Toddler group for children with additional needs.
- Form filling service in person, for the elderly or other people who struggle with completing forms such as attendance allowance, disabled Blue Badge, Benefits.
- Lunchtime/after school drop in centre for young people 11-18ys
- Affordable craft activities
- Dads + mums lego breakfast club.

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:

Governing document in line with Charity Commission

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.

N/A

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.

We are creating a "warm space" on Thursday mornings, where people can meet over coffee/Tea etc. We will provide a form filling service to assist people complete such forms as attendance allowance, disabled Blue badge especially for those who are visually impaired or struggle with computers in order to apply for the benefit.

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

The "warm space" is in need due to rising fuel costs, there is a need to assist those visually impaired + live on their own who do not have the support to complete forms. The Thursday mornings will bring people together who are isolated, into a warm welcoming environment.

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 will measure how many people attend the Thursday mornings + the number of forms completed. We aim for the service to be ongoing and envisage that as the "warm space" becomes widely known in the town cont

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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?

cont....

more people will use the service and feel less isolated.

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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?
PUBLIC LIABILITY INSURANCE
- ii) Do the leaders have the relevant qualifications and/or experience?
YES - Counselling qualifications, plus provided something similar pre Covid at Teignmouth library.
- iii) What policies does your organisation have in place (i.e. Health and Safety, Safeguarding, etc.)?
SAFEGUARDING STATEMENT + POLICIES + OFFICER
FOOD HYGIENE + GOOD PRACTICE POLICIES
HEALTH + SAFETY, RISK ASSESSMENTS
ALL VOLUNTEERS WILL HAVE AN ENHANCED DBS CHECK

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 £150.00 and provide a detailed breakdown as to how you have reached this figure.

Braille coffee machine £49.99

Tell us how much money the project will cost in total: £1749.99

How much money has been raised towards this sum: £1350.00

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

£1350 - From Teignmouth United Reform Trust.
We will also do fundraising activities to help cover costs

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

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: TEIGNMOUTH HUB

Sort code: 30 99 50

Account number: 77804568

Bank/Building Society name: LLOYDS

Bank/Building Society address: Victoria Branch

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

1	Name	LINDA PICKERING	Position	TRUSTEE
2	Name	SU TWIQA	Position	TRUSTEE
3	Name	DAVID LANGTON	Position	TRUSTEE

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.

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 TEIGNMOUTH HUB (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: TRUSTEE

Title MRS. First Name: HINDA Surname: PICKERING

Contact address:

S Barnsley Close Drive
Teignmouth
Devon

Postcode: TQ14 8PP

Telephone: 07749 557129

Signed: [Signature] Date: 3/10/23

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: [Signature] Date: 3/10/23

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..........Date.....3/10/23.....

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**

GDPR and Data Protection

Here at Teignmouth Town Council we are committed to ensuring that your privacy is protected by adhering to the principles of the EU General Data Protection Regulation (GDPR). Should we ask you to provide certain personal information by which you can be identified for the purpose of a contract with us, signing up to our mailing list, newsletter or use of our website, then you can be assured that it will only be used for the purpose it was collected.

It will never be used by any third party for any other form of processing or marketing purposes.

Teignmouth Town Council does not pass on any of its data to third parties other than those specified to undertake the contract entered into.

Teignmouth Town Council may change this policy from time to time by updating this statement. Statement can be found at: -

[Teignmouth Town Council Privacy Notice Web Link](#)

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Teignmouth Hub

Income and Expenditure forecast for the Teignmouth Hub for the next 12 months September 2023/2024

Income

Rental of office space	- £5040
Fundraising locally	- £2000 (ie quiz night, Carols in the Hub event, donations)
Grant from URC Trust to cover the rent for 3 years	- £20,000 per annum

Total **£27040**

Expenditure

Rent & Maintenance.	- £20,000.00
Utilities	- £2950. Estimated
Insurance	- £629.70
DBS registration	- £145.00
Internet	- £420
Set up costs (so far)	- £3541.08

Total **- £27685.78**

Teignmouth Hub

19 Woodway Road
Teignmouth
Devon
TQ14 8QB

Dear Robert

Please find attached our application for funding from Teignmouth Town Council.

On the application form in question 11, I have given costings for the individual project within the Hub, but the income and expenditure for the entire Hub is detailed on a separate sheet. I trust this is okay.

Any contribution towards our work would be gratefully received. We have requested funding for a basic coffee maker as this means we can serve proper coffee and by having a machine this will be a better use of our time as the coffee will always be available for people who attend the Hub.

If you need any additional information please do not hesitate to contact me.

Kind regards



Su Twigg
Trustee
Teignmouth Hub

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