

nexus



## nexus Grants Programme

Supporting the Rural Regeneration Zone in the West Midlands

### Application Form 2009 - 2010

Before sending in your completed application form please contact your local outreach and support worker who is required to counter sign the application to evidence that they have offered you appropriate advice, provided links with other local initiatives and are aware of the final submission of your application.

**For assistance with your application form contact:**

Sophie Mead

Nexus Grants Programme

C/o Community First, 41a Bridge Street, Hereford, HR4 9DG

Tel: 01432 267820 (Monday – Wednesday and Friday) or 01684 312734 (Thursday)

E-mail: [sophiem@comfirst.org.uk](mailto:sophiem@comfirst.org.uk)

Your unique reference number is:

SHROPS/0910/0027

Please complete every question with as much detail as possible remembering the assessment panel will not know your group/organisation or project idea and will rely on the quality of the data you provide to make informed decisions about who to support. Use the guidance notes to assist your thinking and refer to the original aims and objectives of the fund to ensure your idea is appropriate. For free advice and guidance, contact your local outreach and support worker. Please type/write clearly using black ink. Attach additional sheets if required.

## Section One – About your group/organisation

1a. Name of the organisation applying for the grant... WORTHER & BECULTON BOWLING CLUB

Address... HEDGEWAYS - BENLAWNT - MINSTERLEY

SHROPSHIRE Postcode... SY5 0ES

Ward in Rural Regeneration Zone... 113

Website address.....

Name of main contact... RALPH GRAVES

Role in organisation... TREASURER

Address of main contact (if different from the above)... AS ABOVE

Postcode.....

Contact Tel... 01743 811901

Email... sharon.martyn15@btinternet.com

### 1 b. Tell us about your group/organisation

LOCAL COMMUNITY BOWLING GROUP PROVIDING LEISURE SPORTING FACILITIES FOR ALL MEMBERS IN AN AREA WITH NO OTHER COMMUNITY FACILITY, OPEN TO ALL AGES, SEXES ABILITIES & DISABILITIES, MALE & FEMALE.

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**1 c. Please select the most appropriate from the questions below:**

Tick which ever best describes your organisation:

- |   |  |
|---|--|
| <input type="checkbox"/> Statutory Authority (includes Parish Councils)                         | <input type="checkbox"/> Charity and private company limited by guarantee            |
| <input type="checkbox"/> Unincorporated Association – charity registration number if applicable | <input type="checkbox"/> Private company limited by shares                           |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Public limited company                                      |
| <input type="checkbox"/> Industrial and Provident Society                                       | <input type="checkbox"/> Community interest company                                  |
| <input type="checkbox"/> Charitable trust   | <input type="checkbox"/> Limited liability partnership                               |
|   | <input type="checkbox"/> Sole trader   |
|   | <input checked="" type="checkbox"/> Social enterprise                                |
|   | <input checked="" type="checkbox"/> Other, please state INCLUDING SPORTING FACILITY. |

**1 d. What is your annual financial turnover?**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> £0 - £100,000 | <input type="checkbox"/> £501,000 - £1m   |
| <input type="checkbox"/> £101,000 - £250,000      | <input type="checkbox"/> in excess of £1m |
| <input type="checkbox"/> £251,000 - £500,000      |   |

**1 e. How many staff do you employ?** NONE

**1 f. How many volunteers work in your organisation?** 20

**1 g. Tell us about the makeup of your Board or management committee**

Wanda Bnash

- PRESIDENT. — Retired local councillor (75) female.
- VICE PRESIDENT — Retired engineer (88) male.
- TREASURER. — Retired BT engineer (male) 66 — Communication OFFICER
- CHAIR PERSON — Farmer (61) (male).
- VICE CHAIR PERSON — Retired Headmaster (male) 55.
- SECRETARY. — Registered Nurse (45) (female).
- CHILD PROTECTION OFFICER — Retired Headmaster (male)
- GROUNDSMAN — Retired BPE NHS (65) male.
- TEAM CAPTAINS — Doctors Receptionist (female) — (34)
- ASS. SECRETARY. — Portering Management supervisor (male) 53.
- YOUNG PERSONS REPRESENTATIVE. — Retired local government officer (63) female.
- ACCOMMODATION OFFICER — Retired teacher (70) male.

Your unique reference number is:

## Section Two – About your project

Remember the strategic RRZ priority all projects should seek to: "reduce poverty, value diversity and promote social inclusion and community cohesion by allowing full access to services"

### 2 a. How will your project tackle economic exclusion in your community?

BY PROVIDING BETTER FACILITIES FOR MEMBERS AND VISITING TEAMS. IF WE WERE TO LOSE THE CLUBHOUSE DUE TO DISREPAIR, THE BOWLING CLUB COULD CEASE TO EXIST.

### 2 b. What is the key activity your project will address (please tick one):

- health  leisure  
 counselling/support services  training and learning  
 ICT (Information and communications technology)

### 2 c. Which does your application seek to do:

- the adaptation of buildings and/or purchase of equipment to provide new service provision  
 the establishment or enhancement of outreach services to improve accessibility for rural communities

### 2 d. What need have you identified and how have you identified it?

WE NEEDED TO COMPLETELY RENOVATE THE EXISTING OLD CLUBHOUSE. BECAUSE OF THE AMOUNT OF WORK WHICH WOULD HAVE TO BE CARRIED OUT, WE ORIGINALLY APPLIED TO AWARDS FOR GRANT FOR A NEW CLUBHOUSE COSTING £10,000 BUT WERE UNSUCCESSFUL. SO DECIDED THAT IF SOMETHING WAS NOT DONE IT WOULD EVENTUALLY BECOME UNSAFE AND UNUSABLE. A SPECIAL COMMITTEE WAS SET UP TO PLAN HOW THE PROJECT WOULD BE CARRIED OUT.

Your unique reference number is:

**2 e. Briefly tell us about your project idea and make clear how it meets the need**

EXISTING CLUB HOUSE DATES BACK TO 1920'S ORIGINALLY A CRICKET PAVILION WHICH HAS BEEN REMOVED & RESITED TWICE. IT NEEDS HEALTH & SAFETY UPDATE IN LINE WITH LEGISLATION AND INSURANCE REQUIREMENTS MAINTAINING SAFETY OF ALL MEMBERS & VISITING TEAMS. AT PRESENT ROOF LEAKS, WINDOWS ARE ROTTEN + DO NOT CONTAIN SAFETY GLASS. CANNOT BE SECURELY LOCKED - THIS CREATING A PROBLEM AS THE CLUB HOUSES CONTAINS CLUB TROPHIES.

**2 f. How will your project target beneficiaries within the RRZ?**

PROVIDE BETTER SAFER FACILITIES TO ALL MEMBERS. MEMBERSHIP AVAILABE TO ALL INDIVIDUALS IN THE COMMUNITY OF WORTHEN & BROOKTON, & SURROUNDING PARISH OF 113 RRZ ZONE.

**2 g. What will the Nexus grant pay for?**

REFURBISHMENT OF CLUB HOUSE

**2 h. Tell us about any partners involved and their role**

NONE.

Your unique reference number is:

**2 i. Tell us about the people or communities that will benefit**

ALL EXISTING MEMBERS AND POTENTIAL NEW MEMBERS  
VISITING TEAMS OF ALL AGES (SEXES) ABILITIES FROM  
5 LEAGUES.

**2 j. What do you expect your project will achieve?**

BETTER SAFER CLUB HOUSE FACILITIES IN LINE  
WITH HEALTH & SAFETY REQUIREMENTS.

**2 k. How will you know if the outcomes are met?**

CLUB HOUSE REFURBISHMENT WILL HAVE TAKEN PLACE  
HEALTH & SAFETY REGS MET.

**2 l: When will your project start?.....1st October 2009..... and finish?.....March 2010.....**

Your unique reference number is:

## Section Three - Outputs

The Nexus fund aims to address Social Exclusion in the Rural Regeneration Zone (RRZ) by achieving a number of outputs. Please show which of these output(s) your project would be able to deliver. Priority will be given to projects that can deliver outputs in one or more of the core categories shown below. If you obtain a NEXUS grant you will be required to produce supporting evidence to show how outputs have been achieved and part of the grant may be conditional on providing the evidence. Details of the evidence required will be finalised when the terms and conditions of a grant are agreed.

### 3 a. RRZ Core Outputs

RRZ output	Output description	Output evidence needed	Description and estimate of numbers
People supported to find work	Individuals supported in their search for work	For each individual supported you must provide - Full contact details; date of birth; National insurance number; employment status at time of assistance, confirmation of actual assistance given and when	/
Jobs created	Permanent, paid and filled position equivalent to 30hrs per week or more and expectancy to last longer than 12 months	For each post you must provide - Confirmation of job title, start date of employment, expected duration (min of 12 mths), hrs of work, evidence that position is a permanent paid post and as a result of the project funded through Nexus	/
Jobs safeguarded	Post forecast to be lost within 12 months without intervention	For each post you must provide - Confirmation of job title, start date of employment, expected duration (min of 12 mths), hrs of work, evidence that position is a permanent paid post and is at risk and will be lost without intervention from Nexus	/

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Business supported	One day or more of consultancy advice/other non financial assistance	For each business supported you must provide - Full name and contact details of business assisted, details of type of support provided and how it is expected to improve the business, dates and number of hours given	
Business created	New businesses (social enterprises) created and demonstrating growth after 12 months	For each business created you must provide - Full name and contact details of business created, date the business started trading and confirmation that at least 12 months trading has occurred, company registration / VAT number	
People assisted to improve skills	Staff, volunteers or service users achieving NVQ Level 3 or equivalent	For each individual supported you must provide - Name of person assisted, their contact details, name of training provider, course details, level of training, evidence of dates and time spent (must be at least 6 hrs). If training is below NVQ level 3 or equivalent then an explanation of how the training is filling a skills / training gap and why they are the best placed organisation to deliver this training required by their beneficiaries	

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## 3 b. Secondary Outputs

(Evidence must record beneficiaries Names (or initials) and postcode or area they are from)

Secondary outputs	Description	Numbers
No. of additional community groups or trusts set up		
No. of people using new-improved facilities - such as a building, a meeting room, a kitchen, a new hall. If it is an improved facility, you can only count the number of additional people expected to use it; do not include those that were using it before it was improved	DUE TO SAFETY RISKS CLUB ONLY USED FOR BOWLING TEAM. PROVIDING REFURBISHED FACILITIES IN LINE WITH H.O.S MAY ACCOMADATE FURTHER USAGE AS A MEETING ROOM PROVIDING FURTHER REVENUE & SOCIAL EVENTS.	
No. of people using new/improved services - this would be something for general benefit, e.g. doctor's surgery/CAB Outreach/mobile library. If it is an improved service, you can only count the number of additional people expected to use it; do not include those that were using it before it was improved	HEALTH & WELL BEING CLINIC AT LOCAL SURGERY UNDER DISCUSSION WITH PCT -	
No. of additional childcare places created.	N/A,	
No. of additional people entering further learning or volunteering (informal or formal)	HAVING NEW FACILITIES MAY ENCOURAGE FURTHER VOLUNTEERS & CHILDREN YOUNG + ELDERLY POPULATION CATERED FOR.	
No. of additional people engaging with community leisure activities	UNKNOWN AT PRESENT	
No. of community facilities established/created - buildings, meeting rooms, kitchens, halls or specific areas expected to be established or created for social and / or recreational purposes	EXTRA MEETING ROOM PROVIDED FOR VILLAGG.	
No. of community services established/improved - In this instance, a service is would be the provision of assistance or something for general benefit, e.g. doctor's surgery/CAB Outreach/mobile library	IN LINE WITH LOCAL GP-FACILITIES AND PCT - EXERCISE FOR HEALTH PROVISION CATERED FOR.	

Your unique reference number is:

## Section Four - Project Costs

### 4. Project costs

Please give details of each activity to be resourced and how you have calculated the cost. The revenue component of this grants programme is much larger than the capital component, so please bear this in mind in planning your application. You may apply for up to £5,000 but your project should also have **at least 25% match funding** (50% if you are a commercial organisation). Please indicate all match funding, the source and amount and whether it has already been secured, and the support now required from Nexus. The assessment panel will expect to see the match funding amount column to total **at least 25%** (50% for commercial organisations) of the total cost column.

Activity	Calculation	Capital	Revenue	Total cost
1) RENEW ROOF COVERING	FELT £100, PRESERVE £10.95, ADHESIVE £9.95 NAILS £3			142-49
2) CLADDING ALL SIDES OF CLUBHOUSE	NEW GUTTERS POSTS, SHIPLAP, FEATHERBOARD ETC			106-00 465-67
3) NEW WINDOWS & DOORS (SAFETY GRASS)	PERSPEX ROOF FOR OVERHANG ESTIMATE £179 DOOR £95 x 3 = £285			464-00
4) REPLACE CARPET WITH CARROT-TILES	36 CARPET TILES @ 46 each			216-00
5) REPLACE & REORGANISE INTERIOR WORK SURFACE & FLEET SHELVING	APPROX. £150 FOR MATERIALS ALL WORK BY VOLUNTEERS			150-00
<b>Total project cost</b>		£	£	<b>BOX A</b> £ 1524-16
Match funding amount	Calculation	Source of match funding	Match funding progress	In cash or in kind
£ 162-30	£ 89.30 + £ 40 + £ 30	SALE OF CHAIRS, VASE ETC		CASH
£ 420-00	£ 360 COFFEE EVENING, £ 60 CAR BOOT			CASH
£ 180-00	£ 180 SALE OF HOME MADE CARDS			CASH
£ 200-00	£ 200 SELLING 240 squares @ £1 (400 PRIZE)			CASH.
<b>Total match funding</b>				<b>BOX B</b> £ 962-30
<b>Total project cost (as box A)</b>		£	1524-16	
<b>Total Match funding (as box B)</b>		£	962-30	
<b>% match funding (= Box B ÷ Box A × 100)</b>				<b>63 %</b>
<b>Total Nexus grant requested (= Box A - Box B)</b>		£	561-86	

Your unique reference number is:

## Section Five - Capacity and Experience

5 a. Please outline your organisation's experience and capacity to deliver the project for which you are applying

HAVING EXPERT MANAGEMENT KNOWLEDGE AND CRAFTSMENSHIP AND GOOD VOLUNTEER WORKFORCE WITH COMMITMENT PROJECT WILL SUCCESSFULLY BE DELIVERED. ALL MEMBERS OF COMMITTEE PROFESSIONALLY RECOGNISED INDIVIDUALS AWARE OF LEGISLATION (HEALTH & SAFETY - CHILD PROTECTION AND VULNERABLE ADULT ISSUES, DISABILITY DISCRIMINATION ACT 1999) LOCAL COUNCILOR SUPPORTS IMPROVEMENT AND WOULD PROVIDE REFERENCE.

5 b. How will this grant make a difference in the longer term?

BETTER, SAFER FACILITIES FOR ALL

5 c. Detail the potential risks you have identified for delivering the project successfully and how you will manage them

RISK ASSESS BEFORE PERFORMING REFURBISHMENT, BE AWARE OF MINOR AROUND - WORK AREA, HEALTH & SAFETY ISSUES OF INDIVIDUALS PERFORMING WORK. IDENTIFY ANY BULGING REES - I.E SAFETY GLASS.

5 d. What efforts will you make to ensure your project is available to everyone?

HOLD SOCIAL EVENINGS TO ENCOURAGE NEW MEMBERS INVITING ALL MEMBERS OF PARISH

THIS IS BIGGEST PARISH IN SHROPSHIRE & ONE OF REMOIST - WITH VERY LITTLE SERVICES. MEMBERSHIP LOW COST - ACCESS FOR ALL. CONCESSIONS FOR OAP - CHILDREN + FAMILIES

5 e. Tell us what consideration you have given to the environmental impact of the project

IMPROVE APPEARANCE OF SURROUNDING AREA IN A PARTICULAR PICTURESQUE PART OF THE

COUNTY. NEW ROOF CONSERVING HEAT LOSS, REDUCED HEAT LOSS THROUGH REPLACEMENT WINDOWS & DOORS INSTALL LOW ENERGY LIGHTING. - WALLS TO BE INSULATED

Your unique reference number is:

## Section Six – Referee

### 6. Reference details

Please provide contact details for a professional who would be able to comment on your organisation, track record of delivering projects and the project idea. This should not be someone employed by or volunteering with your organisation or a member of your Board of Trustees.

**Referee Name:**

DR. TIMOTHY WATSON

**Referee Job title:**

MEDICAL PRACTITIONER

**Referee Organisation:**

N.H.S.

**Referee Address:** PLOX COTTAGE  
BROCKTON  
WORTHEN

**Referee Tel:** SHROPSHIRE  
01743 891573

**Email:** t.watson578@btinternet.com

**Referee Role:** LOCAL DOCTOR IN WORTHEN/BROCKTON  
AREA. HE ENCOURAGES PATIENTS TO TAKE UP BOWLING  
FOR EXERCISE AND HAND/EYE COORDINATION.

**Your Relationship:** ONE OF THE DOCTORS IN THE WORTHEN  
MEDICAL PRACTICE WHO HAS TREATED SEVERAL OF OUR  
MEMBERS

Your unique reference number is:

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## BID AUTHORISATION

We require the lead or senior member of your organisation to authorise the content of this application and confirm the authenticity of its detail. If you are a voluntary group, we would expect the chair of your management committee or Board to countersign the application.

The outreach and support worker is not endorsing the application, but is required to counter sign the application to confirm that they have offered you appropriate advice, provided links with other local initiatives and are aware of the final submission of your application.

Signature of Lead applicant:

Name: RALPH GRAVES

Job title: TREASURER

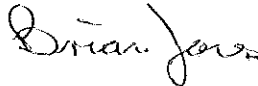
Sign: 

Date: 13/10/09

CHAIRMAN  
Signature of Trustee: (where appropriate)

Name: BRIAN JONES

Job title: CHAIR OF WBBC.

Sign: 

Date: 13/10/09

Signature of Nexus Outreach and Support worker:

Name: Sophie Mead

Sign: 

Date: 20.10.09

We also require the following documentation to support your application. Any applications received without this information will not be submitted and will have to wait for the next panel round. If you have enclosed the item please ✓ the middle column. If you have not enclosed the item please X the middle column and give the reason for not including it in the end column.

Document	✓ or X	Reason for non inclusion
Letter of partner endorsement / support, (see Section 2i)	✓	
Latest annual accounts or copies of last two bank statements	✓	
Proof of secured match funding	X	CASH RAISED BY SOCIALS, SALES, CAR BOOTS
At least 2 quotes for capital works	X	WORK BY VOLUNTEERS - INVOICE COPIES INCLUDED
Documents showing evidence of need, (see Section 2d – e.g. Parish Plan, questionnaires, etc)	?	HAVE ENCLOSED PICTURES TO SHOW POOR STATE OF CLUBHOUSE
Constitution	✓	
Other (e.g. Planning permission)	N/A	

Your completed application form and supporting documentation in its entirety should be sent by post to Sophie Mead at Community First in time for the deadline.

Your unique reference number is:

