

TORPOINT TOWN COUNCIL

**Application for Grant for Voluntary Organisations
Local Government Act 1972, Section 137**

Please note that this application will not be considered unless it is accompanied by a copy of the latest set of annual accounts showing the organisations income, expenditure and level of balances. If the organisation does not prepare annual accounts, copies of the bank statements covering the previous six months must be enclosed.

Notes to Applicants

To help us process your application quickly, please:

- Read the Applicant Guidance Notes carefully
- Complete the application fully – we will not consider incomplete forms
- Let us know if you have any questions before sending in your application

Name of organisation	BEAT 4 AUTISM C.I.C
Full postal address	13, CARBELLE ROAD TORPOINT, CORNWALL Postcode: PL11 2EB.
Contact name/position	MRS LIZETA FELLOWS
Telephone number	07414060807
Email	beat4autism@gmail.com
Charity Registration Number (if applicable) COMPANIES HOUSE REG NO:	11959407.
Project title	BEAT4AUTISM GROTTO/SHOP
Estimated start date	ASAP.

Please tell us about the project and why you think it should receive the contribution from Torpoint Town Council

BEAT4AUTISM HAS BEEN RUNNING SINCE APRIL 2019 TO PROVIDE SUPPORT, ADVICE AND SIGNPOSTING TO PARENTS/CAREERS AND PROFESSIONALS OF INDIVIDUALS LIVING WITH AUTISM. IN DECEMBER 2020 WE HOLD A VERY SUCCESSFUL AUTISM FRIENDLY MAGICAL CHRISTMAS GROTTO! - SO SUCCESSFUL THAT WE HAD TO UNFORTUNATELY TURN FAMILIES AWAY AS WE WERE FULLY BOOKED. WE WERE FUNDED BY THE NATIONAL LOTTERY COMMUNITY FUND AND CHAT. TORPOINT COMMUNITY BENEFITED LARGELY FROM THIS GROTTO ALONG WITH OTHERS TRAVELLING FROM EXETER AND TEIGNMOUTH TO ATTEND.
IN AUGUST THIS YEAR BEAT4AUTISM OPENED A SHOP IN TOWN TO ENABLE INCREASED ACCESS TO THE SERVICES WE PROVIDE.

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THE PURPOSE OF THE SHOP IS TO ENABLE IN THE LONG-TERM BEAT4AUTISM TO BECOME SELF SUFFICIENT AND NON RELIANT UPON GRANTS AND FINANCIAL SUPPORT IN ORDER TO CONTINUE TO PROVIDE OUR AUTISM EVENTS THAT WE HOLD THROUGHOUT THE YEAR.

PEOPLE ARE ACCESSING THIS READILY AVAILABLE SUPPORT ON A DAILY BASIS AND BEAT4AUTISM IS MAKING A DIFFERENCE TO THESE FAMILIES THAT SO DESPERATELY NEED THE HELP AND SUPPORT. ALONGSIDE THE INCLUSION, I HAVE COMPLETED THE NECESSARY TRAINING COURSE AND OBTAINED THE RELEVANT, REQUIRED CERTIFICATION TO BE ABLE TO PAT TEST ALL OF OUR ELECTRICAL EQUIPMENT AND GOODS. THIS WOULD MEAN ALL OF OUR CIRCUIT EQUIPMENT THAT HAS BEEN DONATED COULD ALL BE PAT TESTED BY MYSELF AND DONATED ELECTRICAL GOODS FOR THE SHOP CAN BE SOLD SAFELY, SAVING A LARGE EXPENSE LONG TERM FOR THE ANNUAL CIRCUIT AND SERVING TO POTENTIALLY INCREASE CUSTOMER SPEND WITHIN THE SHOP.

I AM LOOKING TO BE ABLE TO PURCHASE A NEW PAT TESTER THAT IS CALIBRATED TO THE REQUIRED STANDARD.

I AM HOPEFUL THE TORPOINT TOWN COUNCIL WOULD SUPPORT MY REQUEST FOR THIS REQUIRED EQUIPMENT IN ORDER TO SUPPORT BEAT4AUTISM IN OUR VENTURE TO BECOME SELF SUFFICIENT AND CONTINUE PROVIDING MUCH NEEDED EVENTS, SUPPORT AND INCLUSION WITHIN OUR COMMUNITY.

THANK-YOU.

Who will benefit from the project and how many of those are residents of Torpoint parish?

THE RESIDENTS WILL BE ABLE TO PURCHASE ELECTRICAL GOODS FROM WITHIN THE SHOP.
 EVERY FAMILY AND CHILD THAT ATTENDS THE 'MAGICAL CHRISTMAS GROTTO' WILL BENEFIT FROM THE LIGHTS, TREES AND ELECTRICAL DECORATIONS.
 LAST YEAR THE GROTTO SAW 44 FAMILIES AND 82 CHILDREN. IN 2 DAYS WE HAVE EXTENDED BY ANOTHER DAY AND A HALF THIS YEAR.

Project costs (Please provide a breakdown of the costs of the project)	£	p	Funding	£	p	S = Secured A = Applied for (delete as applicable)
PAT TESTER	289	00	Own fundraising			S/A
MACHINE						S/A
PAT TESTING						S/A
LOG BOOK	4	99				S/A
PAT TEST LABELS	12	95				S/A
			Amount you are seeking from Torpoint Town Council	306	94	
Total cost*	306	94	Total income*	306	94	

Please note: *The Total Cost and Total Income amounts must balance
 (e.g. Total Cost - £100; Total Income - £100)

Checklist (Please make sure you have included the following with your application)	✓
Written confirmation of any match funding awarded to your project (a letter or e-mail)	
Your organisations latest set of accounts or latest bank statement	

Declaration

I declare that the information supplied in this application is true.

I agree that, if this application is successful, any grant money received will be used for the purposes described in this form and in accordance with the terms and conditions listed below. I confirm that I am duly authorised and empowered to confirm this on behalf of the applicant group.

Signature: 

Date: 6-11-2021

Name (Please Print): MRS LIZETA FELLOWS.