

Name of Organisation	Contact Name		
Blossoming Communities	Position		
Address for correspondence:	Preferred contact for Grant Aid correspondence Letter () Telephone () Email (X)		
Tel:	Bank Details:		
Email:			
Please tick to show you have read and understood to guidelines (x)	he Data Protection Statement in the attached		
What is the status of your organisation? (Please tick)Registered Charity ()Voluntary Organisation ()Community Group ()Tenants' Association ()Other, please specifyCommunity Interest Company			
If applying for the first time, please give a brief des	scription of your group/organisation:		
 Please include the following with your application: ✓ Your constitution or governing document, or written aims and objectives. ✓ Up-to-date financial information, including latest accounts and bank statement. ✓ A set a basic core policies or statements: ✓ Health & Safety ✓ Equality and Diversity ✓ Safeguarding ✓ Data Protection and GDPR 			



Please contact us if you are unsu required policies, in accordance Allocation, and our obligations un	vith our work to p	promote Equality a	and Diversity in Grant Aid	
Does your organisation work in p If yes, please give details below: We work in partnership with many Homes, Hirst Park Heritage Project Project.	y organisations. I	n Ashington these	e have included Barchester	
Please provide details of member	ship/users:			
Number of Members/Users? In the last financial year we worked with 365 people.	Do members/users pay a subscription fee? Yes/ No (please circle)		Subscription Fee? n/a	
		Number of volunteers? About 35		
What percentage of members/users live in Ashington? About 8 – 10%				
Please use this space to tell us how your organisation serves the residents of Ashington or contributes towards the wellbeing of the town and residents. We run workshop sessions and courses in arts and crafts with a wellbeing twist. Our aim is to reduce isolation and improve mental health. We hold accessible workshops in community buildings and are open to all adults.				

Amount of small grant	£ 500	
requested (up to £500)		



Small Grants can be awarded towards specific projects, 'start-up' costs or maintenance/running costs (see Small Grant Guidelines) and must be spent in the financial year awarded, for the purpose given. You can only receive one small grant in any financial year.

Please give full details of the purpose of your Small Grant application:

We will use the small grant towards a 6 week "SPRING into action" wellbeing craft programme. It will run for ½ day every week and be based in the Hirst Park Pavilion. The theme for the sessions will be about moving forward, setting plans and helping others. We will look at Spring, new growth, reviewing where we are and where we want to be.

We will be working with partners to recruit participants who will benefit from the opportunity and towards the end of the 6 weeks we will signpost to other partners and local opportunities.

We have secured funding from the Coop for towards this project.

Our most recent impact assessment showed that 100% of respondents felt that their wellbeing had improved, 98% said they felt less isolated and 66% went on to join other community group or volunteer after taking part in Blossoming Communities activities.

Please attach a copy of your latest financial statement together with a copy of your most recent bank statement for each bank account your organisation maintains.

UNRESTRICTED BALANCES WILL BE TAKEN INTO ACCOUNT WHEN AGREEING AWARDS

DECLARATION

- ✓ I confirm that to the best of my knowledge and belief, all the information in this application is true and correct.
- I agree to any disclosure or exchange of information about this application which Ashington Town Council deem appropriate for the administration, evaluation, monitoring and publicising of Small Grants.
- ✓ I understand that acceptance of this application by Ashington Town Council does not in any way signify that the organisation is eligible to or will receive a Small Grant.
- ✓ I have included the documents and policies required.
- ✓ I have included an up-to-date Financial Statement and copies of bank statements.
- ✓ I understand that the Council will *freeze* or *withdraw* funding or *reject* future applications if certain conditions are not met and/or there is evidence of unlawful activity, malpractice, or other behaviour that the Council deems improper.
- ✓ I agree to verify that Grant Aid has been spent for the intended purpose.



✓ I agree to inform the council of any significant changes to the membership or running of the organisation.

Signed	Print name	Date
SAStírlíng	Sharon Stirling	26/01/25

FOR OFFICE USE ONLY

Date application received	Application successful? Yes/No	Proposed Award £
Any additional information requ	ested:	