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| Title of Organisation | **Headway East Northants** | | |
| Brief description of project | We are arranging our annual Christmas lunch for our clients in the restaurant at Stanwick Lakes. It is a much-anticipated event for our clients, many of whom rely on Headway East Northants as their only source of socialisation, integration and friendship with other ABI survivors. The meal consists of a two-course festive lunch for all clients within a safe and friendly environment, supported by our charity’s staff and volunteer team. It is a much-loved event and our clients derive an enormous amount from the afternoon, as do their families/carers, knowing that their loved ones are enjoying festivities in a safe and understanding environment. This year, we also plan to welcome a couple of clients who have not previously attended as their social confidence has grown since accessing our services, as well as two full-time carers. | | |
| Total expected cost | Approximately £600-£700 | | |
| How much do you expect to raise by your own efforts? |  | | |
| How much do you expect to raise from other sources?  Please specify any other contributors and whether the contribution is guaranteed or you just hope for it. | Name of Contributor | Amount | Confirmed |
|  | £ . | Y / N |
|  | £ . | Y / N |
|  | £ . | Y / N |
|  | £ . | Y / N |
|  | £ . | Y / N |
| TOTAL | £ . |  |
| Amount of grant applied for | **£500.** | | |
| How will any shortfall be financed? |  | | |
| For what would a grant be used? | This grant would cover the cost of the 2-course festive lunch for our clients (all of whom have acquired brain injury). | | |
| Who will benefit from the proposed project/scheme? | Our clients, all of whom are living with the daily challenges of acquired brain injury. In addition, their families, knowing that their loved ones are enjoying a hot, festive meal in a safe and supported environment. | | |
| What does your organisation do? List aims and objectives. | Our charity supports adults aged 18+ in East Northants (and their families) living with the daily challenges of acquired brain injury (or ‘ABI’). We are a non-clinical activity centre based in Irthlingborough offering a wealth of interesting, engaging and purposeful activities for those living with ABI, provided by a fantastic staff team (plus volunteers), within a safe, welcoming and non-judgmental environment. We also work closely alongside the Community Brain Injury Team at Wellingborough’s Isebrook Hospital. We provide signposting services wherever appropriate, and also support families in the form of providing respite during their loved ones’ time at our centre. Our aim is to work daily with our clients to focus on the person behind the injury, assist them with learning new skills (and relearning lost ones), building on social, speech and language skills, focusing on what CAN be done rather than what can’t, and generally supporting each individual in living the fullest, richest and most independent life possible. We also provide support to clients within our community in their own homes, assisting with things such as arranging appointments, grocery shopping, medication, managing paperwork, etc. This description is certainly non-exhaustive! | | |
| Name, address & phone number of the Chair person, Secretary or organiser (state position or title) | Dr Keith Jenkins (Chairman), Headway East Northants, 61 High Street, Irthlingborough, Northants, NN9 5PU. Tel: 01933 652311 | | |
| Does, or will, the applicant have a junior section? |  | | |
| Has the applicant previously applied to this council for aid?  If yes, list full details include date | No | | |
| Has any other authority been approached to fund this project?  If yes, list full details include date, authority and amount | No | | |
| What other organisations may use your facilities or service, or benefit from them? | As well as our clients and their families/carers, we also work closely with Isebrook Hospital’s Community Brain Injury Team, Adult Social Services, St Andrews Hospital, and we have also liaised with other organisations such as mental health and stroke groups. | | |
| What facilities have been, or will be, provided/improved by your own efforts? | With regards to the Christmas lunch, we organise lifts for all clients among staff and volunteers, thus negating the requirement for transport costs. | | |
| How long has the organisation, club, or body been in existence? | For over 20 years. Our charity began as a small support group, and, as demand grew, became the organisation we are today. | | |
| Does the organisation operate only in the Parish or further afield?  Please explain. | We are based in Irthlingborough, but cover the entire East Northants area, including Thrapston, Islip and Oundle, but also support clients in Kettering, Wellingborough, Rushden, Higham Ferrers, Barton Seagrave, Corby, Northampton, Kimbolton, Rothwell, Kelmarsh and Desborough. | | |
| Are you a registered charity? (delete as applicable)  If yes, please provide number | Yes. Our number is 1085311. | | |
| Do you have a membership fee?  If yes please give details | None. | | |
| Is the project or service already available in the Parish or to residents from the Parish? | Absolutely. We support adults and their families with ‘ABI’ in the entire East Northamptonshire area, and welcome referrals. | | |
| Please provide any additional information relevant to your application. Attach up to one A4 sheet if necessary. | Please see covering email to clerk, Claire Tilley. | | |
| Date of this application | 02/11/22 | | |

I confirm that I have authority to apply for this grant and that I am authorised to accept the terms and conditions, including

* providing a report for the Parish Council for presentation to the Council or the following Annual Parish Meeting (at the discretion of the Parish Council) outlining how the grant has been utilised, how it has assisted the organisation and what it has achieved;
* agreeing to the Parish Council publishing the above report and/or its own article about the grant as the Council sees fit;
* being accountable for funds and providing a receipt;
* signing a disclaimer releasing the Council from any responsibility for the event or activity;
* acknowledging that the grant does not imply or constitute any employer/employee relationship;
* claiming the grant within two months of approval;
* acknowledging the financial support from the Council in all publicity in a form agreed with the Clerk;
* acknowledging that any grant approved will be paid no sooner than 21 days prior to the event.

**Signature: RLake**

**Print Name: REBECCA LAKE**

**Position: ACTING DEPUTY MANAGER**

**Date: 02/11/22**

Please enclose a copy of your latest income/expenditure report indicating your current financial standing and send this, with the completed application form, to the Parish Clerk.