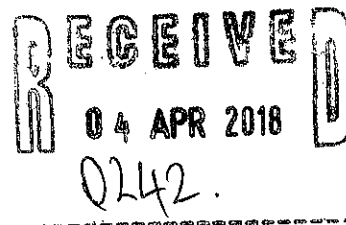


# Haverhill Town Council

## Grant Application Form



This application form contains the following sections:

- Section A: About you
- Section B: About your project (aka activity/service/event)
- Section C: Budget
- Section D: Declaration

### Section A About you

Haverhill Breastfeeding Friends

#### 1. Name of Organisation

Is this application a consortium/partnership bid?	Yes	<input checked="" type="radio"/> No
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If yes, name(s) of other organisations involved:


#### 2. Address of organisation

Name	Laura Brennan-Kersey.
Address	2 Wentworth Terrace Haverhill
Postcode	CB9 9BP
Telephone	07908000455
Email	HBFFriends@hotmail.com

**3. Please give the following details for the main contact person.**

Name	(as previous) Laura Brennan-Kersey.
Address	2 Wentworth Terrace Haverhill
Postcode	CB9 9BP
Telephone	07908000455
Email	Laura.B-K@hotmail.com.

We will send acknowledgement of receipt of your application by email to this contact.

**4. Please give the names of the following officers (where relevant)**

Chairman	Virginia Sullivan
Secretary	Harriet Lowe
Treasurer	Laura Brennan-Kersey.

**5. Attach your Most recent audited or certified accounts (must not be more than 18 months old and be signed)**

☐ Accounts attached (tick) *Group has been running since January. and has been kept funded out of my own pocket as only minimal expenses but due to popularity we need to look at expanding. No accounts to show at present.*

**6. Please confirm the following documents are available for inspection if required:**

☒ The constitutional document that governs your organisation (tick)

☒ Your Equality and Diversity policies (tick)

**(Do not send them unless we request them)**

## Section B – About Your Project/Service/Activity/Event

(For convenience, we have used 'project' throughout this form, but do not get hung up on this)

### 7. Please describe the project for which you are applying for funds

We need help with the ongoing running costs of our peer to peer Breastfeeding Support Group. In November 2017 I set up an online support group for local Nursing Mothers by January we had arranged ~~the~~ weekly meet ups at a local Cafe and Monthly outings in and around town at local Parks these are all well attended and we now need a bigger venue for our weekly meetings. ~~and~~ we have identified the need for a more formal support for the mothers when they encounter difficulties in their journey. this would come in the form of a Breastfeeding Counsellor. we have applied for this Grant in the hope ~~to~~ to expand the group and support families and Mothers in a relaxed environment to reach their Feeding Goals.

We also need the following detailed information provided separately (300 words Max):

- Number of clients/members/public served (where relevant)
- Description of service/activity provided, project or event to be supported
- Reason for application with details of how the grant will be used
- How the grant will benefit the town and people of Haverhill

Use no more than one side of A4 paper. Do not send supporting documentation – we will ask you if we require more information.

### 8. Where will this take place?

Please give us the address and postcode of the main site of your project. If your project is taking place over a wider geographic area, please tell us the main areas where the project will take place.

From the 18<sup>th</sup> April '18 our weekly group will be held at  
Haverhill Fire Station  
Community Room  
Lordscroft Lane  
Haverhill  
CB9 0ER  
  
we also hold monthly meet ups at local Parks  
for example Haverhill Recreation Ground and East town Park

**9. Have you previously received funding from Haverhill Town Council?**

If you have received funding in the last three years, please list below the year, purpose and amount of funding received.

Year	Purpose	Amount

**10. How would Haverhill Town Council support be acknowledged?**

mentioned on all group literature. Posters/Paperwork etc and in any News articles about the group.

## Section C Budget

This budget should be for the **total cost** of the activity you are applying to do. Do not pluck figures out of the air as you will be asked to explain any amount which is unclear. Attach a separate budget sheet if you have done this work already.

A Expenditure items	Unit Cost £	Total £
Fire Station Community Room Hire (Annual)	50	50
Literature / Advertising	48	96
Weekly attendance from Breastfeeding Canteen	60 per Session	3120
Refreshments / healthy Snacks	5 per Session	260

<b>B Total Expenditure (must be sum of A above)</b>	<b>£3526</b>
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C Other Income Sources (State from whom, and if confirmed)	Total £
From your own resources (including public fundraising)	
We have applied for Donations from Tesco's,	
Saffron Waldon Building Society, and Cheffins but	
have nothing confirmed as yet.	
From Non-Statutory Grant making Bodies and other public authority funding	

<b>D Sum requested from Haverhill Town Council</b>	<b>£3526</b>
<b>E Total Income (must be sum of C &amp; D above) and equal to figure in B</b>	<b>£3526</b>

## Section D Declaration

### Data protection and freedom of information

We are committed to transparency and accountability. This includes being clear about how we assess and make decisions. A list of all grants made by the Council will be published on our website. Acceptance of this is a condition of grant funding.

As a public body we follow the Data Protection Act 1998 and the Freedom of Information Act 2000. For further information, see details on our website at [www.haverhill-tc.gov.uk](http://www.haverhill-tc.gov.uk)

### Declaration

We will take your signature on this form as confirmation that you understand our obligations under the Data Protection Act 1998 and the Freedom of Information Act 2000



*I confirm that I have the authority to sign this application.*



*I confirm that the information in this application is true and correct.*

Your signature *[digital signature acceptable]*



Name (Use CAPITAL LETTERS)

LAURA BRENNAN-KERSEY

Date:

29/03/18

Return this application form to The Town Clerk, Haverhill Town Council, High Street, Haverhill CB9 8AR, with all necessary supporting information.

132 online Members with 15-20 families attending on a weekly basis

We are a peer to peer support group that have identified a need for informal professional advice at our weekly meetings. This would be in the form of a breastfeeding councillor. Our group has grown so quickly we need a larger venue than the cafe we are currently using. To continue to support the ladies in Haverhill with their breastfeeding goals we need regular funds.

If we receive the grant we would use it in the areas-

- Paying for the hire of a private and larger venue.
- To ensure a Breastfeeding councillor will be there to support mothers on a weekly basis
- To produce literature and advertising to reach out to new and expectant mothers, to make them aware of the support available to them locally.
- Provide some refreshments at the group to continue the relaxed feel we had at the cafe and help the mothers feel cared for.

Haverhill has extremely low breastfeeding rates. Through our own research we found mothers often blamed lack of support and information along with a feeling of loneliness for the reasons for struggling or stopping breastfeeding.

Research from WHO (World Health Organisation) statistics showed that in Suffolk 77% of babies at one day old are breastfed, at 6-8weeks only 45% of those babies are still breastfed. In Haverhill those figures go to as low as 1.8%.

We have seen other towns across the country introduce peer support groups and see their figures increase dramatically. We know this will be the case in Haverhill as we have already had new mums come to us telling us that if it hadn't have been for our group supporting them when they had struggles they don't believe they would still be feeding.