ENCLOSURE 8

REQUEST FOR FUNDING FOR SPECIFIC PROJECT

FINANCIAL YEAR 2025 -2026 **DATE: ……21/01/26……..……**

TO: KENILWORTH TOWN COUNCIL / FINANCE & GENERAL SERVICES COMMITTEE.

Please read the Project Support Grant Criteria before completing this form

NAME / GROUP & MAIN CONTACT	**The Joe Phipps Foundation - Amy Watson**
PROJECT TITLE	**Mental health and emotional wellbeing support kits**
TOTAL SUM REQUESTED	**£126**
COSTING OF PROJECT WITH FULL DETAILED BREAKDOWN	**£12,654-** **Number of schools in:** **Warwickshire 196** **Worcestershire 244** **Gloucestershire 263** **Each support kit costs £18 to make, there are 7 primary schools in kenilworth**
DETAILS OF OTHER SOURCES OF FUNDING APPLIED FOR AND NAMES OF PARTNER ORGANISATIONS IF PROJECT IS JOINT/ MULTI GROUPS AND DETAILS OF FUNDING SUPPORT REQUESTS MADE BY THEM	**We have applied for funding through the national lottery and other town councils for their specific number of kits required.**
PLEASE CONFIRM THAT YOU HAVE ENCLOSED YOUR MOST RECENT AUDITED BALANCE SHEET OR EQUIVALENT.	
TIMESCALE / DATE OF EVENT	**6 months**
NUMBER OF KENILWORTH RESIDENTS TO BENEFIT	**1,750**
OTHER INFORMATION IN SUPPORT OF THE APPLICATION	
We will be donating emotional wellbeing kits to primary schools, starting with the goal to create and donate 50 by the end of april 2026.	

We hope to eventually be able to provide every school in the country with a free kit full of resources and means to help children that are struggling with their mental health.

Continue overleaf if required.

Data Protection Statement

The information which you give when completing your application form will be used in accordance with the Data Protection Act 1998 and for the following purposes: to enable the organisation to create an electronic and paper record of your application; to enable the application to be processed; to enable the organisation to compile statistics, or to assist other organisations to do so, provided that no statistical information that would identify you as an individual will be published. The information will be kept securely, and will be kept no longer than necessary.

PLEASE RETURN THE COMPLETED FORM AND ENCLOSURES TO

THE TOWN CLERK
KENILWORTH TOWN COUNCIL

VIA EMAIL TO kentc@kenilworth.org

On your covering email – please confirm the following

Name and contact email and daytime telephone number.

Bank details – name and address of payee, bank sort code and account number