



# Ward Flexibility Funding Application Form

Thank you for your interest in Stockport Council's Ward Flexibility Fund. To give your group the best chance of success please read the guidance notes and the questions on the application form carefully.

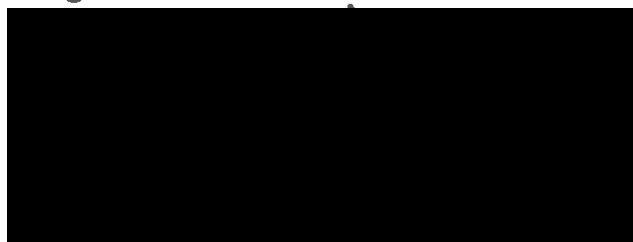
Please ensure that all boxes on this form are completed. You must also include all additional information that is requested.

## 1. About Your Organisation

### 1. Name of Organisation/ Group

SOCIAL EVENTS AND ACTIVITIES GROUP

### 2. Organisation/Individual Address



### 3. Main Contact Details (for correspondence)

Title: SHEILA NEVITT

Name: MRS

Role: CHAIR

Address:

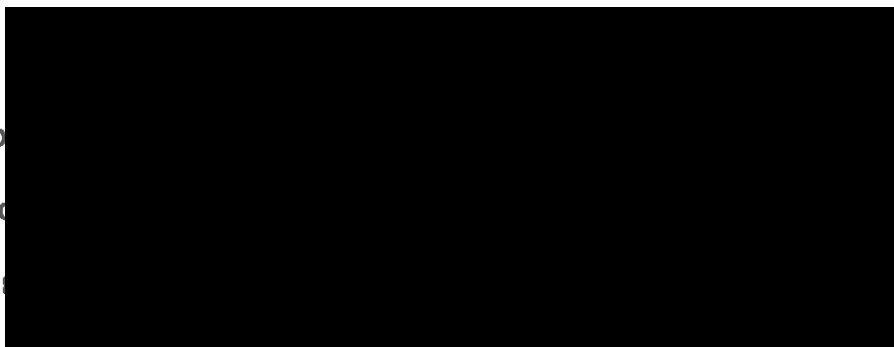
AS ABOVE

Postcode:

Home Phone

Mobile Phone

Email Address



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Democratic Services  
Town Hall, Stockport SK1 3XE

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**4. Please provide your bank account details**

Account No

Account No

Sort Code

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**5. What is the status of your Organisation/ Group?**

*Please Tick*

- |                                |                          |                                  |                                     |
|--------------------------------|--------------------------|----------------------------------|-------------------------------------|
| A New Group                    | <input type="checkbox"/> | Voluntary Organisation           | <input checked="" type="checkbox"/> |
| A Registered Charity No.       | <input type="checkbox"/> | Company Limited by Guarantee No. | <input type="checkbox"/>            |
| Applying for Charitable Status | <input type="checkbox"/> | Unregistered Association         | <input type="checkbox"/>            |
| Friendly Society               | <input type="checkbox"/> | Other (Please specify)           | <input type="checkbox"/>            |
| Housing Association            | <input type="checkbox"/> |                                  |                                     |

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**6. Please describe the main activities of your Organisation/ Group**

TO PROVIDE SOCIAL EVENTS AND ACTIVITIES TO PEOPLE LIVING IN STOCKPORT WHO ARE OVER 50 YEARS OF AGE AND ARE AT RISK OF SOCIAL ISOLATION

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**7. When was your Organisation/Group established?**

2015

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**8. Does your organisation have the following policies and procedures in place?**

*If you are awarded a grant you will be required to send copies of all relevant documents as part of the grant agreement.*

- |  |                                     |
|--|-------------------------------------|
| A governance/management committee              | <input checked="" type="checkbox"/> |
| A Constitution/governing document/set of rules | <input checked="" type="checkbox"/> |
| An Equal Opportunities Policy                  | <input checked="" type="checkbox"/> |
| A Child Protection Policy (where necessary)    | <input type="checkbox"/>            |
| A Health and Safety Public liability           | <input type="checkbox"/>            |



## 2. About Your Application

### 9. Please give us a brief description of your proposed/planned project or activity

You may wish to include details of what activities will take place, where will it happen, how often and who will take part. If you are applying for equipment you can tell us what will it be used for and why is it needed.

FOR OVER 12 MONTHS WE HAVE BEEN MEETING WITH AROUND 20 OLDER PEOPLE WHO WOULD OTHERWISE BE AT HOME ALONE, IN A CAFE. WE WOULD LIKE TO SUBSIDISE HOT DRINKS FOR OUR MEMBERS, BECAUSE THEY HAVE TOLD US THEY SOMETIMES STRUGGLE TO AFFORD THEM

### 10. Who will benefit from this grant?

e.g. local residents, young people, older people and how?

OLDER PEOPLE ACROSS STOCKPORT WILL BE LESS SOCIALLY ISOLATED  
MANY OF OUR MEMBERS LIVE IN REDDISH

### 10(a) How Many Stockport residents will benefit?

20+

### 10(b) Are there any restrictions on who will benefit from the funding?

WE ARE OPEN TO ALL MEMBERS WHO ARE 50+

### 11. Your Project's Budget

Please provide a breakdown of cost for your project including VAT where applicable and submit any estimates for the purchase of equipment or work to be done.

### 11(a) How much will the project/activity cost in total?

HOT DRINKS FOR 20 PEOPLE FOR 45 WEEKS / YEAR = £1,080

### 11(b) Tell us about other any other sources of income you have already applied for or raised so far in relation to this project

WE ARE HOPING TO ACCESS FUNDING FROM OTHER WARD FLEXIBILITY FUNDS BECAUSE OUR MEMBERS COME FROM ALL OVER STOCKPORT.

### 12. How much are you applying for from the Ward Flexibility Budget?

£200

### 12(a) If the amount you are applying for covers only part of the project/activity, then please tell us how do you intend to fund any shortfall?

OTHER WARD FLEXIBILITY MONEY OR STOCKPORT LOCAL FUNDING

### 13. What is the planned timescale for spending this grant?

Start JAN '19  
Finish DEC '19



### 3. Which Wards are you Applying to?

You may tick more than one box. Please note that no grant of more than £1,000 in totality will ordinarily be made.

Please tell us for each ward you wish to make an application to:-

- (a) how many people will benefit in that ward; and  
(b) what proportion of funding from your overall application you are seeking from each ward.

	Number of beneficiaries	How much funding you are seeking
<b>Bramhall &amp; Cheadle Hulme South Area Committee</b>		
Bramhall North	<input type="checkbox"/>	£
Bramhall South & Woodford	<input type="checkbox"/>	£
Cheadle Hulme South	<input type="checkbox"/>	£
<b>Central Stockport Area Committee</b>		
Brinnington & Central	<input checked="" type="checkbox"/> 5	£ 200
Davenport & Cale Green	<input type="checkbox"/>	£
Edgeley & Cheadle Heath	<input checked="" type="checkbox"/> 5	£ 200
Manor	<input type="checkbox"/>	£
<b>Cheadle Area Committee</b>		
Cheadle & Gatley	<input type="checkbox"/>	£
Cheadle Hulme North	<input type="checkbox"/>	£
Heald Green	<input type="checkbox"/>	£
<b>Heatons &amp; Reddish Area Committee</b>		
Heatons North	<input type="checkbox"/>	£
Heatons South	<input type="checkbox"/>	£
Reddish North	<input type="checkbox"/>	£
Reddish South	<input checked="" type="checkbox"/> 5	£ 200
<b>Marple Area Committee</b>		
Marple North	<input type="checkbox"/>	£
Marple South	<input type="checkbox"/>	£
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input checked="" type="checkbox"/> 5	£ 200
Offerton	<input checked="" type="checkbox"/> 5	£ 200
Stepping Hill	<input type="checkbox"/>	£
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£
<b>Totals</b>		£

This total should add up to  
the figure you provided in  
**Question 12**



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## 4. Application Checklist and Declaration

1. I am authorised to make this application on behalf of the above organisation ☒
2. I certify that the information contained in this application is correct ☒
3. If the information changes in any way I will inform Democratic Services accordingly. ☒
4. I give permission for Democratic Services to contact my organisation and/or myself by phone, mail or e-mail with information about its activities and funding opportunities. ☒
5. I/we agree (if required) to attend an Area Committee meeting to explain how the proposal will improve the environmental, economic or social wellbeing of the area and to answer any questions. ☒
6. Our details can be used for promotional purposes should this request be successful ☒
7. I/We will use this grant for the proposed project/activities stated in our application. ☒
8. I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation. ☒
9. I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made. ☒
10. I/we will highlight the support of the Area Committee in recent publicity material. ☒
11. I/we agree to providing information to assist in the future monitoring of the effectiveness of the funding including reporting back to the Area Committee on how the grant has been spent and what difference it has made. ☒
12. I/we agree that the content of this completed application form and any supplementary information provided may be published on the Council's website and other publications as part of the application process. ☒

Print your name: SHEILA NEVITT.

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☐ If submitted electronically tick this box to signify your agreement to the above terms

Date: 22/11/19



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