

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	
DELIBULOUS	
2. Organisation/Individual Address	
2 Main Contact Dataile (for contact and	
3. Main Contact Details (for correspondence)	
Title: M2S	
Name: TRCEY Blackmore	
Role: Chair	
Address	
Postcode	
Home Phone Number:	
Mobile Phone Number	
Email Address:	



4. Please provide your bank	account deta	ils	
Account Name:			
Account Number:			
Sort Code:	3		
5. What is the status of your (Please Tick	Organisation/	Group?	
A New Group		Voluntary Organisation	
A Registered Charity No.		Company Limited by Guarantee No.	
Applying for Charitable Status		Unregistered Association	
Friendly Society		Other (Please specify)	
Housing Association		, , ,	
6. Please describe the main accommunity 200	0-10	raise awarness and purchase demonita	A fundi
7. When was your Organisation Tebruary 2018	on/Group esta	ablished?	
		ng policies and procedures in placed to send copies of all relevant document	
A governance/management con	nmittee		
A Constitution/governing docum	ent/set of rule	s 🔍	
An Equal Opportunities Policy		Z M	
A Child Protection Policy (where	necessary)	$\Box /\!\!\!\!/ \!\!\!\!\!/ $	
A Health and Safety Public liabil	ity	$\Phi_{/\!\!\!/_{X}}$	

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
Rolsma money to puchese an delibriliate
with external box.
10. Who will benefit from this grant?
e.g. local residents, young people, older people and how?
All local residents and visitors within a
4 mile radius.
10(a) How Many Stockport residents will benefit?
50-75,000 people.
10(b) Are there any restrictions on who will benefit from the funding?
None whatsoever, we are looking for the depribillator to be external so everyone will benef
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? \$\frac{1600.00}{}\$
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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.

	Numb benef	er of How much iciaries funding you are seeking
Bramhail & Cheadle Hulme South Area C	ommittee	
Bramhall North		£ 206
Bramhall South & Woodford		£ 200
Cheadle Hulme South		£
Central Stockport Area Committee		
Brinnington & Central		£
Davenport & Cale Green		£200
Edgeley & Cheadle Heath		£
Manor		£
Cheadle Area Committee		
Cheadle & Gatley		£
Cheadle Hulme North		£
Heald Green		£
Heatons & Reddish Area Committee		
Heatons North		£
Heatons South		£
Reddish North		£
Reddish South		£
Marple Area Committee		
Marple North		£
Marple South		£
Stepping Hill Area Committee		
Hazel Grove		£
Offerton		£
Stepping Hill		£ 200
Werneth Area Committee		
Bredbury & Woodley		£
Bredbury Green & Romiley		£
	Totals	£ 800.00
	This total should add up to	

STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Return to:
Democratic Services
Town Hall, Stockport SK1 3XE

the figure you provided in

Question 12

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.	4
6.	Our details can be used for promotional purposes should this request be successful	T
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 y	your name: Tracey Blackmore	
Signa or if s	ture: ubmitted electronically tick this box to signify your agreement to the above terms	
Date:	18/10/18	