

# 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

**HURRICANES CHEERLEADING** 

#### 2. Organisation/Individual Address

OFFERTON COMMUNITY CENTRE MALLOWDALE ROAD STOCKPORT SK2 5NX

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

Title: MRS

Name:

KAREN BROADHURST

Role:

**ADMIN** 

Address:

Postcode:

Home Phone

Mobile Phone

**Email Addres** 



4. Please provide your bank account de	tails			
Account Name:				
Account Number:				
Sort Code:				
5. What is the status of your Organisatio Please Tick	n/ 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)	$\boxtimes$		
Housing Association	COMMUNITY SPORTS TEAM			
6. Please describe the main activities of	your Organisation/ Group	-7777		
WE ARE COMMUNITY CHEERLEADING TEAM BASED IN THE HEART OF OFFERTON ESTATE, WE DELIVER CHEERLEADING, DANCE & TUMBLE TRAINING TO CHILDREN AGES 3-12 YEARS REGARDLES OF ABILITY. WE DO NOT HOLD AUDITIONS AND OUR CLASS IS OPEN TO ANY CHILD WHO WISHES TO TAKE PART				
7. When was your Organisation/Group es	stablished?			
JANUARY 2017				
8. Does your organisation have the follow if you are awarded a grant you will be required the grant agreement.				
A governance/management committee	$\boxtimes$			
A Constitution/governing document/set of ru	ules 🔀			
An Equal Opportunities Policy	$\boxtimes$			
A Child Protection Policy (where necessary)				
A Health and Safety Public liability	$\boxtimes$			



## 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.

WE WOULD LIKE TO PURCHASE TEAM UNIFORMS & PAY ENTRY FEES TO ENABLE THE CHILDREN TO PARTICIPATE IN A CHEERLEADING COMPETITION DUE TO TAKE PLACE IN MANCHESTER IN MAY 2019.

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

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

LOCAL CHILDREN, THE COST OF UNIFORMS IS EXPENSIVE, AND GIVEN THAT THE MAJORITY OF OUR STUDENTS ARE FROM LOW INCOME HOUSEHOLDS AND WE ALSO HAVE MULTI SIBLING FAMILIES THE COST OF THE ENTRY FEE ALONE WOULD PROHIBIT THE MAJORITY OF THEM FROM BEING PART OF THE COMPETITION SO WE WOULD LIKE TO RAISE FUNDS TO ENABLE THEM TO PARTICIPATE.

10(a) How Many Stockport residents will benefit?

UPTO 40 - we currently have 31 children participating

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

NONE

#### 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.

UNIFORMS - £43 PER UNIFORM (£1333) ENTRY FEES - £25 PER ENTRANT (£775) TEAM T-SHIRTS - £10 PER T-SHIRT inc printing (£300) TEAM BOWS - £10 PER BOW (£300)

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

£2708

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

TEAM FUNDRAISING, PRIVATE SPONSERSHIP (business/personal) ONLINE FUNDRAISING via EASYFUNDRAISING.COM

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

£1000



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?

ANY EXTRA FUNDS FROM WEEKLY FEES AFTER ROOM HIRE, SPONSERSHIP & OTHER FUNDRAISING ACTIVITIES.

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

Start

MAR 2019

Finish

**MAY 2019** 

## 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.

	Numbe benefic	
Bramhall & Cheadle Hulme South Area Comm	nittee	
Bramhall North		£
Bramhall South & Woodford		£
Cheadle Hulme South		£
Central Stockport Area Committee	<del></del>	
Brinnington & Central		£
Davenport & Cale Green		£
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	<b>⊠</b> ypto40	£1000
Stepping Hill		£
Werneth Area Committee		
Bredbury & Woodley		£
Bredbury Green & Romiley		£
	Totals	£1000

This total should add up to 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	$\boxtimes$		
2.	certify that the information contained in this application is correct	$\boxtimes$		
3.	If the information changes in any way I will inform Democratic Services accordingly.	$\boxtimes$		
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.	$\boxtimes$		
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.	$\boxtimes$		
6.	Our details can be used for promotional purposes should this request be successful	$\boxtimes$		
7.	I/We will use this grant for the proposed project/activities stated in our application.	$\boxtimes$		
8.	I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation.	$\boxtimes$		
9.	I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made.	$\boxtimes$		
10.	I/we will highlight the support of the Area Committee in recent publicity material.	$\boxtimes$		
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.	$\boxtimes$		
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.			
Signa				
or if submitted electronically tick this box to signify your agreement to the above terms				
Date:	29/10/2018			

