



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

Greave school

2. Organisation/Individual Address

Werneth road

Woodley

SK6 1HR

3. Main Contact Details (for correspondence)

Title: Mr

Name: John Billinge

Role: Site Manager

Address:

Postcode:

Home Phone Number

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

Mobile Phone Number:

Email Address:

4. Please provide your bank account details

Account Name:

Account Number:

Sort Code:

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

Please Tick

- | | | | |
|--------------------------------|--------------------------|----------------------------------|-------------------------------------|
| A New Group | <input type="checkbox"/> | Voluntary Organisation | <input 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 checked="" type="checkbox"/> |
| Housing Association | <input type="checkbox"/> | Education | |

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

Education

7. When was your Organisation/Group established?

1969

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.

YES

- A governance/management committee
- A Constitution/governing document/set of rules
- An Equal Opportunities Policy
- A Child Protection Policy (where necessary)
- A Health and Safety Public liability

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 are creating a sensory room for our children especially the ones who have more specific needs such as autism.

It is going to be a 'calming' space for any child or parent to access should they ever need to, will be used for children who need a quiet tranquil area for a specific reason. Some will use on a daily basis due to their specific situation however some will only use it ad hoc due to perhaps anxiety or things happening at home. The school has around 30 children that would benefit immensely from the creation of this room and going forward this number will only increase as the school grows due to educational needs.

10. Who will benefit from this grant?

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

Young people and their families who can use this special space.

10(a) How Many Stockport residents will benefit?

Initially 30 plus children and families but going forward many more

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

No

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? Approximately £10,000

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

School parent / teacher association – Danceathon and car boot sale
School funds

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?

School funds and the P.T.A.

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

Start As soon as the funding is in place / as soon as possible

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: John Billinge

Signature:

or if submitted electronically tick this box to signify your agreement to the above terms

Date: 06/02/2020

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