

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

Social Events a Activotes (S.E.A.	Gjou
2. Organisation/Individual Address	
3 Main Contact Details (for correspondence)	
3. Main Contact Details (for correspondence)	
Title: MRs.	
Name:	
Role: CHAIRPERSON.	
Address:	
Postcode:	
Home Phone Number:	
Mobile Phone Number:	
Email Address:	



4. Please provide your bank a	account detail	S	
Account Name:			
Account Number:			
Sort Code:			
5. What is the status of your C 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			
S. E. A. AS or construct thome expedience of specific from Real 7. When was your Organisation September 2016	on/Group estai	or Coffee modning for 15 he voist 212 years. The	ind we 5-20 peopsese include
		g policies and procedures in place to send copies of all relevant docum	
A governance/management con	nmittee		
A Constitution/governing docum	ent/set of rules		
An Equal Opportunities Policy			
A Child Protection Policy (where	e necessary)		
A Health and Safety Public liabil	lity		



2. About Tour 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.
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. To provide tea or coffee at a reduced cost to the participation of 2.10 for a coffee we give a vouchar for A making e.g. instead of 2.10 for a coffee we give a vouchar for A making the cost 1.10 10. Who will benefit from this grant? e.g. local residents young people older people and how?
10. Who will benefit from this grant?
e.g. local residents, young people, older people and how?
week, Li for 52 weeks which means that instead of £2.10 they will only pay \$1.10 10(a) How Many Stockport residents will benefit?
10(a) How Many Stockport residents will benefit?
Average 20 from around Stockport.
10(b) Are there any restrictions on who will benefit from the funding?
10(b) Are there any restrictions on who will benefit from the funding? Any body who is under the age of 50 well be restricted
as the S.E.A. Group as to 50 years & oval.
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. We will benefit on average 20 people. 8 now from Reclaush. 8 + 52 = £416. each voughed has a value of £1.
11(a) How much will the project/activity cost in total?
£416 for 8 people.
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 The S.E.A. Group have previously been funded by Awards for All and Forever Manchester for other projects
12. How much are you applying for from the Ward Flexibility Budget?
E 416 to 8 people to 52 weeks.
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?
13. What is the planned timescale for spending this grant?
Start February 2020.
Start February 2020. Finish February 2021.

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 beneficial	
Bramhail & Cheadle Hulme South Area Comm	ittee	
Bramhall North		£
Bramhall South & Woodford		£
Cheadle Huime South		£
Central Stockport Area Committee	· 	
Brinnington & Central		£
Davenport & Cale Green		£
Edgeley & Cheadle Heath		£
Manor		£
Cheadle Area Committee		
Cheadle & Gatley		£
Cheadle Hulme North		£
Heald Green		£
Heatons & Reddish Area Committee		0
Heatons North		£
Heatons South		£
Reddish North		£
Reddish South	□ 8	£ 1446 -
Marple Area Committee		
Marple North		£
Marple South		£
Stepping Hill Area Committee		
Hazel Grove		£
Offerton		£
Stepping Hill		£
Werneth Area Committee	_	
Bredbury & Woodley		£
Bredbury Green & Romiley		£
	Totals	£ 419 -00L

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	
2.	I certify that the information contained in this application is correct	4
3.	If the information changes in any way I will inform Democratic Services accordingly.	J-
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.	9
6.	Our details can be used for promotional purposes should this request be successful	9
7.	I/We will use this grant for the proposed project/activities stated in our application.	Q
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.	9
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.	9
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.	9
Print y	your name:	
Signa <u>or</u> if s	ture: . submitted electronically tick this box to signify your agreement to the above terms	
Date:	6th Febracourg 2020.	

