



# 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

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### 1. Name of Organisation/ Group

Autisk

### 2. Organisation/Individual Address

Autisk  
Adswold Young Peoples Centre  
Neston Grove  
Adswold  
Stockport  
SK3 8PP

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

Title: Mrs

Name: Janet Bennett

Role: Co-Chair / Founder

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address: autisk17@gmail.com

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Town Hall, Stockport SK1 3XE

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

Account Name:

Account Number:

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 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 checked="" 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

Autisk offer support to families in Stockport who live with disabilities and educational needs

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

2017

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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 checked="" type="checkbox"/> |
| A Health and Safety Public liability           | <input checked="" type="checkbox"/> |

## 2. About Your Application

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### **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 want to provide vulnerable and disadvantaged families within the Stockport area with a 'family gift pack' each. We are very aware that the recent pandemic we are in has caused quite bad hardship on many families and that many families won't be able to have a Christmas due to lack of income because of covid.

We believe all children should still experience the magic of Christmas and not let covid ruin this for them.

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

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

Disadvantaged, low income, disabled families who live in Stockport area

**10(a) How Many Stockport residents will benefit?** 100-200

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

Must be struggling to make Christmas possible for their families due to the recent pandemic or vulnerable disadvantaged background ie very low income, DV escape families, families with disabilities etc

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### **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.*

Each pack will contain a family board game, a book to sit and read together, arts and crafts to do together and some Christmas treats and goodies

The packs will not only keep Christmas magic but help build family bonds during this stressful period for so many of us

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

£3-4K to supply upto 200-300 packs for Stockport families

**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've applied to high sheriff fund for help towards this project and are asking for donations from Stockport community and local businesses

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

£1500 or as much as you can spare (don't ask don't get lol)

**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?**

Fund raising, donation requests

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

Start	December 2020
Finish	December 24 <sup>th</sup> 2020

### 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 checked="" type="checkbox"/>	£60
Bramhall South & Woodford	<input checked="" type="checkbox"/>	£60
Cheadle Hulme South	<input checked="" type="checkbox"/>	£60
<b>Central Stockport Area Committee</b>		
Brinnington & Central	<input checked="" type="checkbox"/>	£120
Davenport & Cale Green	<input checked="" type="checkbox"/>	£120
Edgeley & Cheadle Heath	<input checked="" type="checkbox"/>	£120
Manor	<input checked="" type="checkbox"/>	£120
<b>Cheadle Area Committee</b>		
Cheadle & Gatley	<input checked="" type="checkbox"/>	£60
Cheadle Hulme North	<input checked="" type="checkbox"/>	£60
Heald Green	<input checked="" type="checkbox"/>	£60
<b>Heatons &amp; Reddish Area Committee</b>		
Heatons North	<input checked="" type="checkbox"/>	£60
Heatons South	<input checked="" type="checkbox"/>	£60
Reddish North	<input checked="" type="checkbox"/>	£60
Reddish South	<input checked="" type="checkbox"/>	£60
<b>Marple Area Committee</b>		
Marple North	<input checked="" type="checkbox"/>	£60
Marple South	<input checked="" type="checkbox"/>	£60
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input checked="" type="checkbox"/>	£60
Offerton	<input checked="" type="checkbox"/>	£60
Stepping Hill	<input checked="" type="checkbox"/>	£60
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input checked="" type="checkbox"/>	£60
Bredbury Green & Romiley	<input checked="" type="checkbox"/>	£60
<b>Totals</b>		<b>£1500</b>

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



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Town Hall, Stockport SK1 3XE

## 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: Janet Bennett

Signature: .....

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

Date: 22/10/2020

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Democratic Services  
Town Hall, Stockport SK1 3XE