

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 | Ωf | Ora | anis | ation | ۱/ Gr | oun |
|---|--------|-----|------|------|-------|-------|-----|
| | Hallie | VI. | OI 4 | amo | auvi | 1/ GI | oub |

The Weekend Day Centre for Dementia Care

2. Organisation/Individual Address

LDRC 8 Owens Farm Drive Offerton Stockport SK7 5EA

| 3 | Main | Contact Details | (for correspondence) |
|----|---------|-----------------|----------------------|
| J. | IVICALI | Contact Details | tioi correspondence |

| litle: | |
|-----------------------|--|
| Name: Gary Morris | |
| Role: Treasurer | |
| Address: Postcode: | |

Home Phone Number:

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 O <i>Please Tick</i> | rganisation/ G | iroup? | | | |
| A New Group | | Voluntary Organisation | | | |
| A Registered Charity No. 1168454 | \boxtimes | Company Limited by Guarantee No. | | | |
| Applying for Charitable Status | | Unregistered Association | | | |
| Friendly Society | | Other (Please specify) | | | |
| Housing Association | | | | | |
| WDC provides an informal social environment for up to 35 clients a day in which they can feel supported and maintain their social skills. Our overall aim is to provide a service for people with dementia which supplies a wide variety of activities to suit all tastes and abilities. WDC also offers support to the carers of clients who experience high levels of stress from looking after highly dependent relatives twenty four hours a day. 7. When was your Organisation/Group established? | | | | | |
| December 1991 (Registered Ch | - | | | | |
| 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 cor | nmittee | \boxtimes | | | |
| A Constitution/governing docum | nent/set of rules | s 🔀 | | | |
| An Equal Opportunities Policy | | \boxtimes | | | |
| A Child Protection Policy (where | e necessary) | | | | |
| A Health and Safety Public liabi | lity | \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.

The service we provide plays a vital role in combating social isolation and loneliness, both for people with dementia and their carer, in an informal social setting.

We are also aware that social contact in a tranquil setting can reduce the harmful effects of psychological stress for carers, as well as stimulating the person with dementia.

The Centre provides external entertainment from singers and dancers to pantomimes. There is a heavy focus on music and singing as the singing of familiar songs which evokes memories which in turn can increase enjoyment.

Recreational games like dominoes, lotto, quizzes and bingo, as well as arts and crafts, are enjoyed with the help from staf

Short sessions of exercise or dancing are held during the day.

10. Who will benefit from this grant?

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

Local residents

10(a) How Many Stockport residents will benefit?

Once the full seven day service is operational it is anticipated WDC will serve 98 clients. As a result of Covid restrictions WDC is currently only providing a service for 15 clients.

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

100% of our clients are people diagnosed with dementia who reside within the boundaries of SMBC.

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.

WDC currently provides a day care service at weekends and bank holidays. We recently acquired the Ada Kay Resource Centre in Bredbury with the purpose of eventually offering a full seven day service.

A breakdown of overall costs is as follows:

Repairs/asbestos removal - £44,130 Installation of disabled access toilets - £40,000 Entrance extension - £36,000

| Internal flooring/decoration - | £14,000 |
|----------------------------------|---------|
| Car park resurface - | £ 8,500 |
| Furniture - | £ 2,400 |
| Legal Fees - | £ 5,600 |
| Alarm contract/Insurance/Rates - | £ 6,700 |
| Sundry expenses - | £ 9,670 |

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

£167,000

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

£35,000 has been received from Adult Social Care via a Capital Expenditure budget towards the building repair works. The remaining costs are to be funded by reserves built up by WDC.

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

£1,000

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?

The funding being applied for from the Ward Flexibility Budget will be used towards the furniture costs which includes the purchase of 30 tub chairs for £1,000. These items usually retail at £100 per chair however WDC has discovered a retailer who deals in bankrupt stock.

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

Start On receipt of funds Finish

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 beneficiarie | How much es funding you are seeking |
|---------------------------------------|-----------------------------|-------------------------------------|
| Bramhall & Cheadle Hulme South Area C | Committee | <u> </u> |
| Bramhall North | | £ |
| Bramhall South & Woodford | | £ |
| Cheadle Hulme 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 | | _ |
| Heatons North | | £ |
| Heatons South | | £ |
| Reddish North | | £ |
| Reddish South | | £ |
| Marple Area Committee | | |
| Marple North | | £ |
| Marple South | | £ |
| Stepping Hill Area Committee | | _ |
| Hazel Grove | | £ |
| Offerton | | £ |
| Stepping Hill | | £ |
| Werneth Area Committee | _ | |
| Bredbury & Woodley | ⊠ 5 | £1,000 |
| Bredbury Green & Romiley | | £ |
| | Totals | £1,000 |
| | This total should add up to | |

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. | I 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. | | | |
| 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. | \boxtimes | | |
| Print your name: Gary Morris | | | | |
| Signature: | | | | |
| or if submitted electronically tick this box to signify your agreement to the above terms | | | | |
| Date: | 22 nd February 2021 | | | |