

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				
Beacon Cou	unselling				
2. Organisa	ation/Individual Address				
3. Main Coi	ntact Details (for correspondence)				
Title:	Miss				
Name:	Joanne Watson				
Role:	Fundraiser				
Address:					
Postcode:					
Home Phon	e 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 Organisation/ Group? Please Tick					
A New Group		Voluntary Organisation			
A Registered Charity No.	\boxtimes	Company Limited by Guarantee No.	\boxtimes		
Applying for Charitable Status		Unregistered Association			
Friendly Society		Other (Please specify)			
Housing Association					
6. Please describe the main ac	ctivities of you	r Organisation/ Group			
Beacon exists to improve the lives of people experiencing poor mental health, supporting 2,500 children, young people, and adults each year. We provide a range of therapy services, work with 26 schools and through our team of volunteer counsellors are able to provide free counselling to the people suffering with mental and emotional distress who cannot afford it.					
7. When was your Organisation	n/Group estal	olished?			
1984					
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 com	nmittee	\boxtimes			
A Constitution/governing docum	ent/set of rules	\boxtimes			
An Equal Opportunities Policy		\boxtimes			
A Child Protection Policy (where	necessary)	\boxtimes			
A Health and Safety Public liabil	ity	\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.

Beacon provides a voluntary counselling service to support Stockport residents experiencing mild to moderate mental health issues whom otherwise cannot afford essential mental health support. Offering some 2,000 appointments at no-cost each year, this service is underfunded but is an essential provision of mental health support in Stockport for young people and supporting adults at risk of suicide.

Following the colossal impact from the pandemic, Beacon faced closure in August 2020 but have since fully recovered. Despite the ever increasing demand during these challenges, voluntary services have continued without interruption. We continue to operate as critical part of the urgent response to the mental health crisis facing people in Stockport.

Anticipating even higher levels of demand for 2021 as financial hardship, isolation, and particularly bereavement, continue to impact mental health, we ask for support towards funding our voluntary service for those within your ward for 2021.

'Suffering with depression and at a time when I felt my life and the world would be better if I wasn't in it – Beacon was incredible for me and it is clear to me now where I would be without that time' Client Comment 2020

10. Who will benefit from this grant?

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

The grant will benefit Stockport residents, registered with a Stockport GP, experiencing mild to moderate mental health issues with Beacon's voluntary counselling service.

10(a) How Many Stockport residents will benefit?

1897 appointments were provided via Beacon's voluntary service in 2020, supporting 264 Stockport residents. Some 2000 appointments are expected to be provided in 2021.

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

The funds will be used to provide Stockport residents with the voluntary counselling service for 2021.

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?



The voluntary service costs Beacon approx. £25 per appointment in overhead and supervision costs alone; approximately £47,000 per annum.

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 receive various funds and donations from voluntary service users but last year this only accounted to 26% of the cost. The last twelve months has proved exceptionally difficult for individuals to make donations, and we now have a waiting list of six – nine months to use our service.

As Mayors Charity of the Year we continue to work with the Mayor to raise funds for our key operational costs within our community to help us cover our costs.

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

We are applying for £1,000 to fund **40 voluntary service appointments** for Stockport residents in this ward. As the Mayor of Stockport's chosen charity of the year, we would be grateful for any amount you may decide to offer.

2020 voluntary service beneficiaries by postcode: 21 in SK6, 31 in SK2, 1 in SK22. Total supported in this ward in 2020 and expected for 2021: **53 beneficiaries (approx. 424 appointments)**

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?

We will continue to utilise reserves and project income where possible.

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

Start May 2021 Finish Dec 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 beneficiaries	How much funding you are seeking
Bramhall & Cheadle Hulme South Area Committee			
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		Approx. 53 beneficiaries /424	£1,000
Marple North	\boxtimes	appointment	£
Marple South			£
Stepping Hill Area Committee			~
Hazel Grove			£
Offerton			£
Stepping Hill			£
Werneth Area Committee			
Bredbury & Woodley			£

Bredbury	Green	&	Romiley
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Totals

£1,000

£

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.	\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.	\boxtimes

Print your name: JOANNE WATSON Signature:

 $\underline{\textbf{or}}$ if submitted electronically tick this box to signify your agreement to the above terms

Date: 06/04/21