Thank you for your interest in the **Brookfield Park Shiers Family Trust**. Money from the sale of Brookfield House has been used to set up an award scheme for the benefit of local community and voluntary groups. The property was left to the then Cheadle and Gatley Urban District Council in June 1945 by a Deed of Gift by Percy Hesketh Shiers. Decisions about who receives awards are made by councillors who sit on the Cheadle Area Committee.

The objectives of the Trust are that the land and the trust funds are used for health, educational and services in the area of benefit, namely that of the former Urban District of Cheadle and Gatley. This includes most of the current Cheadle and Gatley, Cheadle Hulme North, Cheadle Hulme South and Heald Green Wards, and parts of the Bramhall North, Bramhall South and Davenport and Cale Green Wards.

Aims that projects should seek to support:

* address the effects of loneliness of residents and the consequential effect on their health and wellbeing;
* support voluntary groups and sports groups for residents of all ages; and
* support increased accessibility in district and local centres.

Guidelines for the distribution of monies from the Trust:

* Invite applications for projects by voluntary and community groups in the area of the former Cheadle and Gatley Urban District Council, to include both enhancements of existing projects as well as new projects.
* There is an upper limit of £5,000 on the amount that may be applied for, and grant awards will be considered on a case-by-case basis. Groups are permitted to submit further applications once a project was more advanced.
* No more than one application from a group will be considered in any two-year period.
* There is an expectation that applications will include innovation, imagination and good presentations for proposed projects, and that proposed projects work for the good and betterment of the community.
* Applications should aim to benefit the wider community and not solely benefit a particular group and/or have a very limited number of beneficiaries.
* Attach a grant condition requiring the money to be spent on residents within the Trust's area, even if the organisation applying for the grant is located outside the area of benefit of the Trust.

Please ensure that all boxes on this form are completed. You must also include any additional information that is requested. Return to: Democratic Services, Town Hall, Edward Street, Stockport, SK1 3XE, or email democratic.services@stockport.gov.uk

Please note that your application will be published as part of an agenda pack for councillors. This means that information you send us will be publicly available to view on the council’s website. **Personal information will be redacted and not publicly available.**

1. About your organisation

**1. Name of organisation/ group**

**2. Organisation/ individual address**

**3. Main contact details (for correspondence)**

Title:

Name:

Role:

Address:

Postcode:

Home phone number:

Mobile phone number:

Email address:

**4. Please provide the bank details for the account which the grant would be paid in to**

Account name:

Account number:

Sort code:

**5. What is the status of your organisation/ group?**

*Please tick accordingly*

|  |  |
| --- | --- |
| A new group |[ ]  Voluntary organisation |[ ]
| A registered charityNo.  |[ ]  Company limited by guaranteeNo.  |[ ]
| Applying for charitable status |[ ]  Unregistered association |[ ]
| Friendly society |[ ]  Other (please specify) |[ ]
| Housing association |[ ]   |  |

**6. Please describe the main activities of your organisation/ group**

**7. When was your organisation/ group established?**

**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 |[ ]
| A Constitution/ governing document/ set of rules |[ ]
| An Equal Opportunities Policy |[ ]
| A Child Protection Policy (where necessary) |[ ]
| A Health and Safety Public liability Health HhHejhljfgljhfglsh |[ ]

2. About your application

**9. Is this a new project/ initiative or an enhancement of an existing one?**

**10. Please give us a brief description of your proposed/ planned project or initiative and details of any existing activities, in line with the aims that projects should seek to support, along with broad numbers involved**

*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.*

**11. Who will benefit from this grant?**

**11(a) How many residents within the area served by the trust will benefit?**

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

**12. 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

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

**12(b) Tell us about other any other sources of income you have already applied for or raised (including grants over the past three years) so far in relation to this project**

**13. How much are you applying for from the Brookfield Park Shiers Family Trust?**

**13(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?**

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

3. Application checklist and declaration

*Please tick accordingly*

|  |  |
| --- | --- |
| 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 email with information about its activities and funding opportunities.  |[ ]
|  |  |  |
| 5. | I/ we agree (if required) to attend Cheadle Area Committee meeting, or a meeting of its Sub Committee, to answer any questions members may have. |[ ]
|  |  |  |
| 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 Cheadle Area Committee in 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 understand the content of this completed application form and any supplementary information provided will be published on the council’s website as part of the application process. **Personal information will be redacted and not publicly available.** |[ ]

Print your name:

Signature: ………………………………

**or** if submitted electronically, tick this box to signify your agreement to the above terms [ ]

Date: