



# 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

Beacon Counselling

### 2. Organisation/Individual Address

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

Title: Miss

Name: Joanne Watson

Role: Fundraiser

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:



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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 checked="" type="checkbox"/> | Company Limited by Guarantee No. | <input checked="" type="checkbox"/> |
| Applying for Charitable Status | <input type="checkbox"/>            | Unregistered Association         | <input type="checkbox"/>            |
| Friendly Society               | <input 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

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.

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

**1984**

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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"/> |



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## 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 it is 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**

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### 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.

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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.*

#### 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.

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**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: 26 in SK4, 46 in SK5.

Total supported in this ward in 2020 and expected for 2021: **72 beneficiaries (approx. 576 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.

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

Start	May 2021
Finish	Dec 2021



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### 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 type="checkbox"/>	£
Bramhall South & Woodford	<input type="checkbox"/>	£
Cheadle Hulme South	<input type="checkbox"/>	£
<b>Central Stockport Area Committee</b>		
Brinnington & Central	<input type="checkbox"/>	£
Davenport & Cale Green	<input type="checkbox"/>	£
Edgeley & Cheadle Heath	<input type="checkbox"/>	£
Manor	<input type="checkbox"/>	£
<b>Cheadle Area Committee</b>		
Cheadle & Gatley	<input type="checkbox"/>	£
Cheadle Hulme North	<input type="checkbox"/>	£
Heald Green	<input type="checkbox"/>	£
		<b>Approx. 72 beneficiaries /576 appointment</b>
<b>Heatons &amp; Reddish Area Committee</b>		
Heatons North	<input checked="" type="checkbox"/>	£
Heatons South	<input checked="" type="checkbox"/>	£
Reddish North	<input checked="" type="checkbox"/>	£
Reddish South	<input checked="" type="checkbox"/>	£
<b>Marple Area Committee</b>		
Marple North	<input type="checkbox"/>	£
Marple South	<input type="checkbox"/>	£
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input type="checkbox"/>	£
Offerton	<input type="checkbox"/>	£
Stepping Hill	<input type="checkbox"/>	£
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input type="checkbox"/>	£



**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 ☒
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: JOANNE WATSON

Signature:

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

Date: 06/04/21

