Thank you for your interest in Stockport Council's Ward Flexibility Fund. To give your group the sest chance of success please read the guidance noies 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	Orga	nisation	/ G	Proup

BRAMHALL IN BLOOM

2. Organisation/Individual Address

35 ACKLANE EAST BRAMHALL SKT 1BE

2	Main	Contact	Dataile	SFOT CO	rroenár	dence
-5.	wain	Loniaci	Lewis	tior cu	JI I USDUI	iuciicei

Title:

Name:

AMANDA FISHER

Role:

ORGANISER

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

4. Please provide your bank account det	tails
Account Name:	R 1
Account Number:	
Sort Code:	
5. What is the status of your Organisation Please Tick	n/ Group?
A New Group	Voluntary Organisation
A Registered Charity	Company Limited by Guarantee No.
Applying for Charitable Status	Unregistered Association
Friendly Society	Other (Please specify)
Housing Association	
6. Please describe the main activities of	your Organisation/ Group
appearance of Brankal	uh who with to improve the in village via the provision a shrubs and bulbs.
7. When was your Organisation/Group e	
may 2021	Stabilaned:
MA 1 2021	
8. Does your organisation have the following of the grant agreement.	wing policies and procedures in place? ired to send copies of all relevant documents as part
A governmece/management committee	State of the state
A Constitution/governing document/set of n	wies
An Equal Opportunities Policy	
A Child Protection Policy (where necessary	7)
A Health and Safety Public Sability	

2. About Your Application

Finish

OCTOBER 2021

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. Autumn 2021 replanting 3 contained in 2 in branchas centre outside shops sos, Post office and replanting shops planting scruss + sulbs. Asso chearing and replanting areas approaching the visiast, again shrubs + bulbs - see estimate 10. Who will benefit from this grant? e.g. local residents, young people, older people and how? All residents and visitors to the village via its improved appearance cenetitis peoples' wellseig and benefitig local businesses. 10(a) How Many Stockport residents will benefit? All Stochper residents who visit svamhall village shruss and solls are enveronmentally beneficial and give a show every year.

10(b) Are there any restrictions on who will benefit from the funding? No. 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.

Replanty 3 x 1 m² plantes, shrubs, bulbs, pansies

clearing and planting Elmswan, Robins Lane and

Harfylon Rd plots, shrubs, bulbs, compost, feed コナ 11(a) How much will the project/activity cost in total? \$ 562 He will plant as many shrubs as, the budger chows and plan on 300 bulls in total. 11(b) Tell us about other any other sources of income you have already applied for or we have vaised 150 from shopkeepers and \$200 from Bramhan To sehler Trust. Spent on bidding plants, compost, fint food, watering cans. 3/1 enters and containers now 12. How much are you applying for from the Ward Flexibility Budget? complete for summer, shopkeyer \$ 500 to helping to water. (\$600 would be great!) 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? He Hould like to partially replant the three contained ter summer 2022 retaining the Shrobs, bulls approached to calshops a businesses for this purpose and for any 13. What is the planned timescale for spending this grant? Shouttan tom the Automn 2021 ANGUST 2021 Start planting.

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.

	Cuon wara.		Number of beneficiaries	fun	w much iding you seeking
Bramhall & Cheadle Hulme South Area Com			•	•	
	Bramhall North		_	£	250-
	Bramhall South & Woodford				250-
	Cheadle Hulme South			£	
Centr	al Stockport Area Committee			•	
	Brinnington & Central	2.		£	
	Davenport & Cale Green			£	
	Edgeley & Cheadle Heath		ži	£	
	Manor			£	i manan
Chea	dle Area Committee	19	si		
	Cheadle & Gatley			£	
	Cheadle Hulme North			£	
	Heald Green		Si .	£	_
Heato	ons & Reddish Area Committee				
	Heatons North			£	
	Heatons South		121	£	
	Reddish North	.a		£	
	Reddish South			£	
Marp	le Area Committee				
	Marple North			£	
	Marple South			£	19
Stepp	oing Hill Area Committee				
	Hazel Grove			£	
	Offerton			£	
	Stepping Hill			£	
Wern	eth Area Committee	_		^	
	Bredbury & Woodley			£	
	Bredbury Green & Romiley			£	
¥3.		Totals		£	500-
	18	This total should a	rdd up to	4	

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	B				
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: AMANDA FISHER						
Signature: or if submitted electronically tick this box to signify your agreement to the above terms						
Date	e: 14.6.21					