



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

Friends of South Reddish Stockport (Greg st)

2. Organisation/Individual Address

99 Greg st South Reddish Stockport SK5 7LN

3. Main Contact Details (for correspondence)

Title:

Name: Julia Bridgwood

Role: Chairman

Address:

Postcode

Home Phone Number:

Mobile Phone Number:

Email



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Return to:
Democratic Services
Town Hall, Stockport SK1 3XE

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 | <input checked="" type="checkbox"/> | Voluntary Organisation | <input type="checkbox"/> |
| A Registered Charity No. | <input type="checkbox"/> | Company Limited by Guarantee No. | <input 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"/> | | |

6. Please describe the main activities of your Organisation/ Group

To update the South Reddish Park facilities for all needs.

7. When was your Organisation/Group established?

20/06/2022/1

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 type="checkbox"/> |



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 it will be used for and why is it needed.

To install additional benches in South Reddish Park to accommodate all ages as there is currently a lack of seating at the park.

These will be all new and consist of seated full-back benches around the park and picnic benches near the children's play area. Some of these will be wheelchair friendly.

All benches will be metal. There are 4 full-back benches and 2 picnic benches planned for.

10. Who will benefit from this grant?

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

All ages

10(a) How Many Stockport residents will benefit?

All

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

None

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.

£840 For Bench £50 for fitting.

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

£100,000

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

In the process of applying to airport funding, Funday raffle.

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

£890.00

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?

Other grant funding

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

Start 27/07/2021

Finish 30/09/2022

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	<input type="checkbox"/>	£
Bramhall South & Woodford	<input type="checkbox"/>	£
Cheadle Hulme South	<input type="checkbox"/>	£
Central Stockport Area Committee		
Brinnington & Central	<input type="checkbox"/>	£
Davenport & Cale Green	<input type="checkbox"/>	£
Edgeley & Cheadle Heath	<input type="checkbox"/>	£
Manor	<input type="checkbox"/>	£
Cheadle Area Committee		
Cheadle & Gatley	<input type="checkbox"/>	£
Cheadle Hulme North	<input type="checkbox"/>	£
Heald Green	<input type="checkbox"/>	£
Heatons & Reddish Area Committee		
Heatons North	<input type="checkbox"/>	£
Heatons South	<input type="checkbox"/>	£
Reddish North	<input type="checkbox"/>	£
Reddish South	X	£890.00
Marple Area Committee		
Marple North	<input type="checkbox"/>	£
Marple South	<input type="checkbox"/>	£
Stepping Hill Area Committee		
Hazel Grove	<input type="checkbox"/>	£



Offerton	<input type="checkbox"/>	£
Stepping Hill	<input type="checkbox"/>	£

Werneth Area Committee

Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£

Totals		£
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This total should add up to the figure you provided in



4. Application Checklist and Declaration

Question 12

1. I am authorised to make this application on behalf of the above organisation X
2. I certify that the information contained in this application is correct X
3. If the information changes in any way I will inform Democratic Services accordingly. X
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. X
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. X
6. Our details can be used for promotional purposes should this request be successful X
7. I/We will use this grant for the proposed project/activities stated in our application. X
8. I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation. X
9. I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made. X
10. I/we will highlight the support of the Area Committee in recent publicity material. X
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. X
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. X



Print your name:

Signature:

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

Date: 27/07/2021



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