Ward Flexibility Funding

Application Fo

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13 OCT 2021

Ref

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

CHEADLE TOWN F.C.

2. Organisation/Individual Address

PARK ROAD STADIUM
PARK ROAD
CHEADLE
SK8 2AN

3. Main Contact Details (for correspondence)

Title: [redacted]

Name:

Role:

Address:

Postcode

Home Phone Number: [redacted]

Mobile Phone Number: [redacted]

Email Address: [redacted]

4. Please provide your bank account details

Account Name: [redacted]

Account Number: [redacted]

Sort Code:

5. What is the status of your Organisation/ Group?
Please Tick

A New Group	☐	Voluntary Organisation	☐
A Registered Charity No.	☐	Company Limited by Guarantee No.	☐
Applying for Charitable Status	☐	Unregistered Association	☐
Friendly Society	☐	Other (Please specify)	☑
Housing Association	☐	CHARTED STANDARD COMMUNITY LEVEL	

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

FOOTBALL AT SENIOR & JUNIOR LEVELS
BOTH MEN & WOMEN

7. When was your Organisation/Group established?

1961

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	☑	CODE OF CONDUCT
An Equal Opportunities Policy	☑	
A Child Protection Policy (where necessary)	☑	
A Health and Safety Public liability	☑	

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.

THE PLAN IS FOR CHEADLE TOWN TO DONATE A DEFIBRILLATOR TO THE LOCAL COMMUNITY, THE CASE FOR THIS WILL BE SECURED TO THE WOBBLY STAMP BARS WALL AND WILL BE

P.T.O.

CHARGED FROM THERE WITH A TRICKLE CHARGE. (PERMISSION GRANTED BY OWNER OF WOBBLY STOMP.)

IF ENOUGH INTEREST IS SHOWN INSTRUCTION IN THE EQUIPMENTS USE WILL BE PROVIDED BY CHEADLE TOWN F.C. SPOKEN WITH DAVID MELLER (COUNCILLOR) AND HE SUPPORTS THIS PROJECT.

10. Who will benefit from this grant?
e.g. local residents, young people, older people and how?

ALL RESIDENTS OF CHEADLE

10(a) How Many Stockport residents will benefit?

AS MANY RESIDENTS THAT RESIDE IN THE AREA.

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.

DEFIBRILLATOR CASE £1200
DEFIBRILATOR £2000 DONATED BY CHEADLE TOWN FC.
FITTINGS & LABOUR £200 DONE BY CHEADLE TOWN F.C

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

£3400

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

THE PARADE OF BUSINESS'S ALONG ROOM PARK RD HAVE EXPRESSED AN INTEREST IN MAKING A CONTRIBUTION OF £100 PER COMPANY

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

APPROX £1,000

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?

IF the Flexibility Fund sees fit to allocate the funds then with contributions from the adjoining business's along with CHEADLE TOWNS contribution we should comfortably reach the sum required.

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

Start when funding is in place maximum 1 month.

Finish

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

All residents of the ward.

(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	☑	£ 1000
	Heald Green	☐	£
Heatons & Reddish Area Committee			
	Heatons North	☐	£
	Heatons South	☐	£
	Reddish North	☐	£
	Reddish South	☐	£
Marple Area Committee			
	Marple North	☐	£
	Marple South	☐	£
Stepping Hill Area Committee			
	Hazel Grove	☐	£
	Offerton	☐	£
	Stepping Hill	☐	£
Werneth Area Committee			
	Bredbury & Woodley	☐	£
	Bredbury Green & Romiley	☐	£
	Totals		£

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: [redacted]

Signature: [redacted]

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

Date: 06 – 10 – 21

[redacted]