

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
Defibulous
2. Individual Address
3. Main Contact Details (for correspondence)
Title: Mrs
Name:Sally Flitcroft
Role: Fundraiser
Address:
Postcode:
Home Phone Number:
Mobile Phone Number:
Email Address:

4. Please provide your bank accour	nt details				
Account Name:					
Account Number:					
Sort Code:					
5. What is the status of your Organis Please Tick	sation/ Group?				
A New Group	Voluntary Organisation				
A Registered Charity No.	Company Limited by Guarantee No.				
Applying for Charitable Status	Unregistered Association				
Friendly Society	Other- Non profit organisation				
Housing Association	·				
 6. Please describe the main activities Fund raising for public access community 7. When was your Organisation/Gro 2019 	nity defibrillators up 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.					
No to all					
A governance/management committe	ee				
A Constitution/governing document/se	et of rules				
An Equal Opportunities Policy					
A Child Protection Policy (where nece	essary)				
A Health and Safety Public liability					

2. About Your Application

9. Please give us a brief description of your proposed/planned project or activity.

We are a group of Stockport residents that have formed a non-profit organisation called defibulous, we raise funds to purchase and install public access community defibrillators. We have successfully raised funding for two defibrillators, we have nearly raised all the money needed for our third, we also have plans for the location and installation of our fourth. These vital lifesaving resources are then registered with the emergency services on Circuit allowing access should they be needed. The cost of a defibrillator and lockable box to ensure safe storage of them costs £1642. Our vision is to have them in every ward/ area of Stockport.

10. Who will benefit from this grant?

All residents and visitors to Stockport that need access to a defib

10(a) How Many Stockport residents will benefit?

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

11. Your Project's Budget

Each Defibrillator/pads with lockable box costs £1,626

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

£1642 for each defib

We are aiming to continually raise funds for each ward of Stockport

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 applied to Persimmons homes but were unsuccessful, we will also be submitting an application to The Manchester Airport fund

12. How much are you applying for from the Ward Flexibility Budget? £1642

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 are doing fund raising on a continuous basis, we have done community events, Just Giving pages, Raffles and planned training sessions of Basic life support training

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

Start 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
- (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 Committe	е		
Bramhall North	\boxtimes		£
Bramhall South & Woodford	\boxtimes		£
Cheadle Hulme South	\boxtimes		£
Central Stockport Area Committee			
Brinnington & Central	\boxtimes		£
Davenport & Cale Green	\boxtimes		£
Edgeley & Cheadle Heath	\boxtimes		£
Manor	\boxtimes		£
Cheadle Area Committee			
Cheadle & Gatley	\boxtimes		£
Cheadle Hulme North	\boxtimes		£
Heald Green	\boxtimes		£
Heatons & Reddish Area Committee			
Heatons North	\boxtimes		£
Heatons South	\boxtimes		£
Reddish North	\boxtimes		£
Reddish South	\boxtimes		£
Marple Area Committee			
Marple North	\boxtimes		£
Marple South	\boxtimes		£
Stepping Hill Area Committee			
Hazel Grove	\boxtimes		£
Offerton	\boxtimes		£
Stepping Hill	\boxtimes		£
Werneth Area Committee			
Bredbury & Woodley	\boxtimes		£
Bredbury Green & Romiley	\boxtimes		£
Tot	tals		£1642

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	\boxtimes		
2.	I certify that the information contained in this application is correct	\boxtimes		
3.	If the information changes in any way I will inform Democratic Services accordingly.	\boxtimes		
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.	\boxtimes		
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.	\boxtimes		
6.	Our details can be used for promotional purposes should this request be successful	\boxtimes		
7.	I/We will use this grant for the proposed project/activities stated in our application.	\boxtimes		
8.	I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation.	\boxtimes		
9.	I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made.	\boxtimes		
10.	I/we will highlight the support of the Area Committee in recent publicity material.	\boxtimes		
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.	\boxtimes		
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.	\boxtimes		
Print your name:				
Signat	Ţ			
<u>or</u> if submitted electronically tick this box to signify your agreement to the above terms ∠				

Date: 26 April 2022