

# 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
Geaton Runners
2. Organisation/Individual Address
3. Main Contact Details (for correspondence)
Title: MQS
Name: Angela morrison  Role: co-founder Head coach and run Leader
The consider Head coach and run Leader
Role: 28-F33.
Address:
Postcode:
Home Phone Number:
Mobile Phone Number:
Email Address:

4. Please provide your bank accou	unt details		
Account Name:			
Account Number:			
Sort Code:			
5. What is the status of your Organ Please Tick	nisation/ Group	?	
A New Group	] Volu	untary Organisation	
A Registered Charity No.	Con No.	npany Limited by Guarantee	
Applying for Charitable Status	] Unre	egistered Association	
Friendly Society	] Oth	er (Please specify)	
Housing Association	]	(	
6. Please describe the main activities concing beginners skyroup coaching lead by Qualified Brit	s groups sessic tish Athan	nou seserons, on, Juniors groups and coach + lunlead	
7. When was your Organisation/Great	oup establishe	d?	
10 July 2019			
8. Does your organisation have the If you are awarded a grant you will be of the grant agreement.	e following poli e required to ser	cies and procedures in place and copies of all relevant docum	e? nents as part
A governance/management committee	tee		
A Constitution/governing document/s	set of rules		
An Equal Opportunities Policy			
A Child Protection Policy (where nec	cessary)		
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. Christians Stebalia on for air ambulance.	
group run's monday - Thursday Sat-run + coaching S	250101
all event harren from Heaton norris	<u></u> -1
10. Who will benefit from this grant?	
e.g. local residents, young people, older people and how?	
10(a) How Many Stockport residents will benefit?	
every member on a organe who Joins Un	9
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.  Chale were's to help runners have  man contacts as some are on well as help the number  11(a) How much will the project/activity cost in total?  Inleader course £180-190  S & Salegauraing  Ad Just-aid Course	
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	
Small profit of club ctoching the cl	ub
12. How much are you applying for from the Ward Flexibility Budget?	
£850°	
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?	
parents (poor creat	
13. What is the planned timescale for spending this grant?	
Start we would bort as soon as grant awarded 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.

Gaoil Wald.		Number of beneficiaries	fu	ow much nding you e seeking
Bramhall & Cheadle Hulme South Area Co	mmittee			
Bramhall North			£	
Bramhall South & Woodford			£	
Cheadle Hulme South			£	
Central Stockport Area Committee				
Brinnington & Central		F	£	
Davenport & Cale Green		1	£	150
Edgeley & Cheadle Heath		<b>3</b> ·	£	
Manor			£	
Cheadle Area Committee			E COLET	
Cheadle & Gatley			£	
Cheadle Hulme North			£	
Heald Green			£	
Heatons & Reddish Area Committee			_	Λ
Heatons North			£	P
Heatons South		100+	£	200
Reddish North			£	3/
Reddish South	$\square$		£	400
Marple Area Committee				
Marple North			£	
Marple South			£	
Stepping Hill Area Committee				
Hazel Grove			£	150.
Offerton			£	150
Stepping Hill			£	
Werneth Area Committee			_	
Bredbury & Woodley		2.	£	150
Bredbury Green & Romiley			£	
	Totals		£	
	his total should ac ne figure you provi	•		

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.	₩ 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.	*We will use this grant for the proposed project/activities stated in our application.	
8.	*We will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation.	
9.	17/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made.	
10.	*/we will highlight the support of the Area Committee in recent publicity material.	
11.	Twe 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.	Twe 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: Angela Morrison.	
Signa	submitted electronically tick this box to signify your agreement to the above terms	
Date:	8.6.22.	