

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

INSPIRE

2. Organisation/Individual Address

ST. MARY'S CHURCH, HALL,
SOUTH REDDISH
STOCKPORT

3. Main Contact Details (for correspondence)

Title: MRS.

Name: CAROLE STEWART

Role: TREASURER

Address:



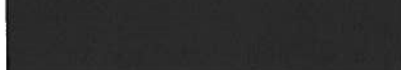
Postcode:



Home Phone Number:



Mobile Phone Number:



Email Address:



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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

☐

A Registered Charity
No.

☐

Applying for Charitable Status

☐

Friendly Society

☒

Housing Association

☐

Voluntary Organisation

☐

Company Limited by Guarantee
No.

☐

Unregistered Association

☐

Other (Please specify)

☐

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

TO MEET TWICE A MONTH FOR VARIOUS ACTIVITIES INCLUDING
QUIZES, LIGHT EXERCISE TO MUSIC, CRAFT MAKING,
MEALS OUT, SPEAKERS BINGO AND BEATLE DRIVES

7. When was your Organisation/Group established?

APPROX 12 YEARS AGO

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

☒

An Equal Opportunities Policy

☐

A Child Protection Policy (where necessary)

☐

A Health and Safety Public liability

☐

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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. ALL OUR MEMBERS AGE AVERAGES 75+ AND HAVE LONG TERM ILLNESSES AND ISOLATION BY THE PANDEMIC. WE WOULD LIKE TO GO ON 2 OUTINGS WHERE MINI BUSES WOULD BE NEEDED, MAYBE A TRIP TO THE SEASIDE. ALSO, TO INVITE SPEAKERS AND CONTRIBUTE BY MAKING A DONATION FOR THEIR CHOSEN CHARITY

10. Who will benefit from this grant?

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

OUR MEMBERS AND ANYONE WHO WOULD LIKE TO JOIN OUR GROUP

10(a) How Many Stockport residents will benefit?

ALL OUR MEMBERS OF 14, TOGETHER WITH ANY LOCAL RESIDENTS WHO CARE TO JOIN US

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

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.

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

MINI BUSES ARE EXPENSIVE, ESPECIALLY DUE TO THE FUEL CRISIS AND WE ESTIMATE THIS TO BE IN THE REGION OF £500. IF WE DO NOT QUALIFY FOR THE FULL AMOUNT, OUR MEMBERS/GEN PUBLIC WOULD CONTRIBUTE SOMETHING TOWARDS IT

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

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

£500

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?

AS STATED ABOVE, BY OUR MEMBERS

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

Start ANY TIME
Finish



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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	<input checked="" type="checkbox"/>	£ 500.00
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		£ 500.00

This total should add up to
the figure you provided in
Question 12



4. Application Checklist and Declaration

- I am authorised to make this application on behalf of the above organisation ☒
- I certify that the information contained in this application is correct ☒



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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:

Signature: ..

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

Date:

27/6/22



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