



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

BELLE VUE BRASS BAND

2. Organisation/Individual Address

HOULDSWORTH WORKING LEAMINTON

3. Main Contact Details (for correspondence)

Title: MR

Name: MATTHEW BRANNIGAN

Role: BAND MANAGER

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

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Town Hall, Stockport SK1 3XE

4. Please provide your bank account details

Account Name: BELLE VUE BRASS BAND

Account Number:

Sort Code:

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

Please Tick

- | | | | |
|--------------------------------|--------------------------|--|--------------------------|
| A New Group | <input type="checkbox"/> | Voluntary Organisation –
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

We are a local brass band that provides music for community enjoyment

7. When was your Organisation/Group established?

2005

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 type="checkbox"/> |
| A Constitution/governing document/set of rules | <input type="checkbox"/> |
| An Equal Opportunities Policy | <input type="checkbox"/> |
| A Child Protection Policy (where necessary) | <input 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 will it be used for and why is it needed.

WE ARE RASING FUNDS FOR OUR NEW UNIFORM

10. Who will benefit from this grant?

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

EVERYONE, OUR BAND HAS AN OPEN DOOR POLICY WHEREBY ANYONE CAN JOIN

10(a) How Many Stockport residents will benefit?

THE LOCAL COMMUNITY BENEFIT

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.

BLACK FLEECE £10.70 EACH X 30 £321

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

£321

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?

APPROX £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?

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

Start ON GOING
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 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 type="checkbox"/>	£ 500
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

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



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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. YES
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. YES
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. YES
6. Our details can be used for promotional purposes should this request be successful YES
7. I/We will use this grant for the proposed project/activities stated in our application. YES
8. I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation. YES
9. I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made. YES
10. I/we will highlight the support of the Area Committee in recent publicity material. YES
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. YES
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. YES

Print your name: MATTHEW BRANNIGAN

Signature:

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

Date: 26.03.2022

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