



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

RENEW STOCKPORT - IRANIAN COMMUNITY SUPPORT

2. Organisation/Individual Address

90 Wellington Street, Stockport SK1 3AQ

3. Main Contact Details (for correspondence)

Title: Rev

Name: Stephen Hough

Role: Trustee

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	<input type="checkbox"/>	Voluntary Organisation	<input type="checkbox"/>
A Registered Charity No. 1068180	X	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

To relieve homelessness, support mental wellbeing and those struggling with addiction and support for asylum seekers and refugees.

7. When was your Organisation/Group established? 2020

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	X
A Constitution/governing document/set of rules	X
An Equal Opportunities Policy	X
A Child Protection Policy (where necessary)	X
A Health and Safety Public liability	X

2. About Your Application

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

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We want to facilitate and train refugees and asylum seekers to enable them to perform amateur dramatics and be able put on a performance. We believe this will help the refugee community to keep in touch with their Persian culture and prevent social isolation.

10. Who will benefit from this grant?

The main beneficiaries will be local refugees and asylum seekers plus the wider community who will be able to watch the actual performances.

10(a) How Many Stockport residents will benefit?

We know there are around 300 farsi speakers in Stockport so we plan to put on 5 performances in a venue that holds 50 to 60 people.

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

If we can pay for the costs of the production by this funding then we can keep the costs of the tickets down so that no-one is excluded from the audience.

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? £10,000

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

None so far

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

we are going to approach local companies to sponsor the event and we are going to submit applications to other funders such as the local network fund

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

we started rehearsals in February 2022 and we plan to put the performance on in November 2022.

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 Committee			
Bramhall North	<input checked="" type="checkbox"/>	25	£100
Bramhall South & Woodford	<input checked="" type="checkbox"/>	25	£100
Cheadle Hulme South	<input checked="" type="checkbox"/>	25	£100
Central Stockport Area Committee			
Brinnington & Central	<input checked="" type="checkbox"/>	25	£100
Davenport & Cale Green	<input checked="" type="checkbox"/>	50	£200
Edgeley & Cheadle Heath	<input checked="" type="checkbox"/>	50	£200
Manor	<input checked="" type="checkbox"/>	50	£200
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"/>		£
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			£1000

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

Print your name: BEHNAM RAFIEI

Signature:

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

Date: 14 June 2022

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