



# 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

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### 1. Name of Organisation/ Group

Defibulous

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### 2. Individual Address

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### 3. Main Contact Details (for correspondence)

Title: Mrs

Name: Sally Flitcroft

Role: Fundraiser

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

Email address :

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Democratic Services  
Town Hall, Stockport SK1 3XE

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#### 4. Please provide your bank account details

Account Name:

Account Number:

Sort Code:

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#### 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.       | <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- Non profit organisation   | <input checked="" type="checkbox"/> |
| Housing Association            | <input type="checkbox"/> |                                  |                                     |

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

Fund raising for public access community defibrillators

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#### 7. When was your Organisation/Group established?

2019

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#### 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, as we are a group of fundraisers we have not needed to have any formal paperwork, when we have assigned defibrillators to be fixed to a building (Pub, shop, pharmacy) it is then covered under their Health and Safety policies/ Public liability insurance.

We are hoping to become a registered charity in the future

- 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

## 2. About Your Application

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### 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 actively raise funds to purchase and install public access community defibrillators.

We have successfully raised funding for two defibrillators, we have almost raised all the money needed for our third and agreed a location with a business on Bramhall lane , we also have plans for the location and installation of our fourth in Bramhall North, North Park Road Bramhall. 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 £1626. We also need to ensure we have funds to maintain and update equipment when necessary I.E pads and battery. Our vision is to have them in every ward/ area of Stockport.

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### 10. Who will benefit from this grant?

Local residents to defibrillator site and all residents and visitors to location that need access to a defibrillator, This equipment will be registered on The Circuit which allows access via 999 calls.

#### 10(a) How Many Stockport residents will benefit?

All

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

No

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### 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?

£1626 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

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

£1626, We understand that this is above the usual threshold of £1000 but we would continue with our fundraising to secure the extra funds, we have already raised approx £4,500 and our aim is to continue doing so to provide more equipment

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**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.

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

If we secured the whole amount then we would immediately purchase the Defib and lockable box, If we secured a partial amount then it would take a few months to raise the additional funds necessary.

# LIFE SAVING DEFIBRILLATOR

CALL 999 FOR ACCESS CODE TO OPEN



Turn Handle To Open

CABINET NUMBER

POSTCODE



sales@defibstore.co.uk 01298 872 186 www.defibstore.co.uk

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

### 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
<b>Bramhall &amp; Cheadle Hulme South Area Committee</b>		
Bramhall North	<input checked="" type="checkbox"/>	£ 1626
Bramhall South & Woodford	<input type="checkbox"/>	£
Cheadle Hulme South	<input type="checkbox"/>	£
<b>Central Stockport Area Committee</b>		
Brinnington & Central	<input type="checkbox"/>	£
Davenport & Cale Green	<input type="checkbox"/>	£
Edgeley & Cheadle Heath	<input type="checkbox"/>	£
Manor	<input type="checkbox"/>	£
<b>Cheadle Area Committee</b>		
Cheadle & Gatley	<input type="checkbox"/>	£
Cheadle Hulme North	<input type="checkbox"/>	£
Heald Green	<input type="checkbox"/>	£
<b>Heatons &amp; Reddish Area Committee</b>		
Heatons North	<input type="checkbox"/>	£
Heatons South	<input type="checkbox"/>	£
Reddish North	<input type="checkbox"/>	£
Reddish South	<input type="checkbox"/>	£
<b>Marple Area Committee</b>		
Marple North	<input type="checkbox"/>	£
Marple South	<input type="checkbox"/>	£
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input type="checkbox"/>	£
Offerton	<input type="checkbox"/>	£
Stepping Hill	<input type="checkbox"/>	£
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£
<b>Totals</b>		<b>£1626</b>

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
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. 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:

*S. F. H. Croft*

Signature:

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

Date: 26 April 2022

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