



# 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

Bee Sober CIC

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### 2. Organisation/Individual Address

(Company address is Office 4, Duke Street Business Centre, Littleborough, OL15 8DL)

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

Title: Mrs

Name: Alexandria Walker

Role: Director and Co-Founder

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

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### 4. Please provide your bank account details

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

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 checked="" type="checkbox"/> |
| Applying for Charitable Status | <input type="checkbox"/> | Unregistered Association                | <input type="checkbox"/>            |
| Friendly Society               | <input type="checkbox"/> | Other (Please specify)                  | <input checked="" type="checkbox"/> |
| Housing Association            | <input type="checkbox"/> | Community Interest Company – Non-Profit |                                     |

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

Organised social events for those in sobriety and support through group interaction and coaching

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

14<sup>th</sup> October 2020

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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.*

- |  |                                     |
|--|-------------------------------------|
| A governance/management committee              | <input type="checkbox"/>            |
| A Constitution/governing document/set of rules | <input checked="" type="checkbox"/> |
| An Equal Opportunities Policy                  | <input checked="" type="checkbox"/> |
| A Child Protection Policy (where necessary)    | <input type="checkbox"/>            |
| A Health and Safety Public liability           | <input checked="" type="checkbox"/> |

## 2. About Your Application

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### **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.*

Walks and talks for the purpose of offering support to those in recovery. There will be three planned walk and talk events where we will supply refreshments (hot drinks and snacks). We offer an alternative to meeting in a hall and 12-step programmes. Our events are fun and connect like-minded individuals benefitting them by improving mental health and reducing social isolation. The funding would allow us to provide refreshments, have leaflets and posters printed, allow us to distribute the leaflets to GP surgeries, drug and alcohol services in hospitals, local AA meeting places. We would also ensure the group leader(s) is First Aid trained and DBS checked for safety.

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### **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?** 208 adults in recovery over 18 years

**10(b) Are there any restrictions on who will benefit from the funding?** Anyone in recovery or aiming to live a sober lifestyle over the age of 18 is welcome to attend.

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### **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?** £1200

**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 have not applied for any other funding in relation to this project. We do ask for member donations to support ongoing work we do in the community but these are ad hoc and not a reliable source of funding.

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

£977.50

**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?**

Shortfall will be covered by member donations which have/will occur ad hoc. From our community pot.

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

Start 1/12/22

Finish 11/3/23 – final date of event

### 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"/>	5	£ 23.50
Bramhall South & Woodford	<input checked="" type="checkbox"/>	5	£ 23.50
Cheadle Hulme South	<input checked="" type="checkbox"/>	5	£ 23.50
<b>Central Stockport Area Committee</b>			
Brinnington & Central	<input checked="" type="checkbox"/>	15	£ 70.50
Davenport & Cale Green	<input checked="" type="checkbox"/>	10	£ 47.00
Edgeley & Cheadle Heath	<input checked="" type="checkbox"/>	15	£ 70.50
Manor	<input checked="" type="checkbox"/>	15	£ 70.50
<b>Cheadle Area Committee</b>			
Cheadle & Gatley	<input checked="" type="checkbox"/>	5	£ 23.50
Cheadle Hulme North	<input checked="" type="checkbox"/>	8	£ 37.60
Heald Green	<input checked="" type="checkbox"/>	5	£ 23.50
<b>Heatons &amp; Reddish Area Committee</b>			
Heatons North	<input checked="" type="checkbox"/>	10	£ 47.00
Heatons South	<input checked="" type="checkbox"/>	12	£ 56.40
Reddish North	<input checked="" type="checkbox"/>	15	£ 70.50
Reddish South	<input checked="" type="checkbox"/>	15	£ 70.50
<b>Marple Area Committee</b>			
Marple North	<input checked="" type="checkbox"/>	6	£ 28.20
Marple South	<input checked="" type="checkbox"/>	6	£ 28.20
<b>Stepping Hill Area Committee</b>			
Hazel Grove	<input checked="" type="checkbox"/>	8	£ 37.60
Offerton	<input checked="" type="checkbox"/>	15	£ 70.50
Stepping Hill	<input checked="" type="checkbox"/>	15	£ 70.50
<b>Werneth Area Committee</b>			
Bredbury & Woodley	<input checked="" type="checkbox"/>	10	£ 47.00
Bredbury Green & Romiley	<input checked="" type="checkbox"/>	8	£ 37.50
<b>Totals</b>			<b>£ 977.50</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:

Signature: .....

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

Date: 2/11/22

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