



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

Refugee Community Togetherness (R.C.T)

2. Organisation/Individual Address

3. Main Contact Details (for correspondence)

Title: Ms

Name:

Role: Chairman

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Email Address:

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 checked="" 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 (Please specify) | <input type="checkbox"/> |
| Housing Association | <input type="checkbox"/> | | |

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

The main activities of our community group involve creating a safe space for settled refugees families of various backgrounds by providing activities such helping these children with their homeworks,parent meeting sessions whereby refugee families get to know each other and discuss and share their daily challenges and learn from one another how to overcome them.

7. When was your Organisation/Group established?

Our community group was established in January 2022.

8. Does your organisation have the following policies and procedures in place? Yes

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



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.

In our Health time family project we involve different activities mainly Dancing and Eat well cooking sessions.

Both children and parents we will provide dancing classes as a leisure time for their mental health as a way relieving their stress and depression since most of have gone through traumatic experiences in the past.

For Parents and youth we will give Eat well cooking sessions whereby we learn from each how to live a healthy lifestyle and will share healthy recipes through cooking.

Emphasising by training our youth to avoid junk foods and fizz drinks showing them the consequences which can affect their lives in future such as obesity and diabetes and others.

10. Who will benefit from this grant?

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

Local residents ,children and youth

10(a) How Many Stockport residents will benefit?

We have 20 families who will benefit from this project

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

Project Budget

Items	Cost
Rent	£400
Provision of drinks,foo etc	£250
Volunteer Expenses	£100
Provision of materials for Activities	£250
Total	£1000

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

The project will cost £1000

11(b) Tell us about other any other sources of income you have already applied for or raised so far and in relation to this project

No other sources of income.

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

We're applying for £1000

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 will encourage more families to volunteer

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

Start 07/07/2023

Finish 06/07/2024

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 checked="" type="checkbox"/> x	£
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"/>	£
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	20	£1000

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

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:

Signature:

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

Date: