



# 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

INSPIRE

### 2. Organisation/Individual Address

ST MARY'S CHURCH HALL  
ST, MARY'S DRIVE  
SOUTH REDDISH  
STOCKPORT

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

Title: MRS.

Name:

Role:

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

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

WE MEET TWICE A MONTH FOR VARIOUS ACTIVITIES, INCLUDING QUIZES, CRAFT MAKING, MEALS OUT, BINGO, BEETLE DRIVES, SPEAKERS AND DEMONSTRATIONS, EXERCISE TO MUSIC

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

APPROX 13 YEARS AGO

**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 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.

OUR GROUP OF 16 LADIES, AVERAGE AGE 75+, WITH LONG TERM ILLNESSES. WE USED TO HAVE A QUALIFIED LADY TO COME TO DO LIGHT EXERCISE TO US ONCE A MONTH BUT SHE RETIRED BEFORE WE WENT INTO THE PANDEMIC. WE WANT TO START SOMETHING LIKE THIS AGAIN, AS WE ALL ENJOYED IT AND IT WAS BENEFICIAL TO OUR HEALTH. I HAVE BEEN IN TOUCH WITH LIFE LEISURE AND THEY ARE Hoping to help us

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

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

OUR MEMBERS AND ANYONE WHO WOULD LIKE TO JOIN US.

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

ALL OUR MEMBERS - 16, TOGETHER WITH ANY LOCAL RESIDENTS WHO WOULD LIKE TO JOIN US, HELPING US TO KEEP MOBILE

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

### 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? I CONTACTED LIFE LEISURE BEFORE THE PANDEMIC AND THEY ARRANGED FOR AN INSTRUCTOR TO COME AND TAKE US THROUGH THE EXERCISE PROGRAMME BUT DUE TO THE PANDEMIC IT NEVER MATERIALIZED AT THE TIME THEY QUOTED £3 PER PERSON, PER SESSION. HOWEVER, THE COST WILL HAVE GONE UP BUT INITIALLY IT WOULD BE APPROX £50 PER MONTH

### 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

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

£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?

AS STATED ABOVE, BY OUR MEMBERS, BUT AS OUR SUBSCRIPTION IS £3 PP, DUE TO THE RISE IN THE COST OF LIVING, ETC IT MAY BE HARD ON SOME OF OUR MEMBERS

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

Start ANY TIME  
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
<b>Bramhall &amp; Cheadle Hulme South Area Committee</b>		
Bramhall North	<input type="checkbox"/>	£
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 checked="" type="checkbox"/>	£
Reddish South	<input checked="" type="checkbox"/>	£ <span style="font-size: 1.2em;">£500 }</span>
<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>		£ 500.00

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



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Town Hall, Stockport SK1 3XE



## 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: 31/5/23

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