



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 – Bethany Community Church Gatley

2. Organisation/Individual Address – 100 Church Road, Gatley, Cheadle, Cheshire, SK84NQ

3. Main Contact Details (for correspondence)

Title: Pastor

Name:

Role: Leading church and community projects and initiatives

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 checked="" 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 Toddler groups, senior groups, youth groups, health groups, children's tuition, Church services, community projects, Gat Fest, Schools work, Gatley Foodbank, joint church community activities, Remembrance Sunday

7. When was your Organisation/Group established? 1973

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 checked="" 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 checked="" type="checkbox"/> |
| A Health and Safety Public liability | <input checked="" type="checkbox"/> |

2. About Your Application

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

Purchase of a Generator / inverter for public and community events in Gatley. Remembrance Sunday, events on Gatley Green, Gat Fest, Gatley Rec and Scholes Park. For public events on Gatley Green we currently have to use an inverter and car battery. We asked the council to add three phase to the lamppost but this is not possible. We were told to apply for funding to purchase a generator which will be stored at Bethany Church and available for local community organisations.

10. Who will benefit from this grant? *local residents, young people, older people and how*

10(a) How Many Stockport residents will benefit? 2000 plus

10(b) Are there any restrictions on who will benefit from the funding? No

11. Your Project's Budget £399 - £925

11(a) How much will the project/activity cost in total? Basic Generator £399, mid range £759, Advances £925

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 – Non – Local councillor Ian Hunter recommended it.

12. How much are you applying for from the Ward Flexibility Budget? £399 - £925

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?

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

Start Jan 24

Finish Oct 24

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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 type="checkbox"/>	£
Central Stockport Area Committee		
Brinnington & Stockport Central	<input type="checkbox"/>	£
Davenport & Cale Green	<input type="checkbox"/>	£
Edgeley	<input type="checkbox"/>	£
Manor	<input type="checkbox"/>	£
Cheadle Area Committee		
Cheadle East & Cheadle Hulme North	<input type="checkbox"/>	£
Cheadle West & Gatley	<input checked="" type="checkbox"/>	£ 925
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 & High Lane	<input type="checkbox"/>	£
Stepping Hill Area Committee		
Hazel Grove	<input type="checkbox"/>	£
Norbury & Woodsmoor	<input type="checkbox"/>	£
Offerton	<input type="checkbox"/>	£
Werneth Area Committee		
Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£
Totals		£

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
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:

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