



# 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

CAMEO (Come and meet each other)

### 2. Organisation/Individual Address

Cheadle Holme Methodist Church  
2, Ramillies Ave  
Cheadle Holme  
SK8 7AL

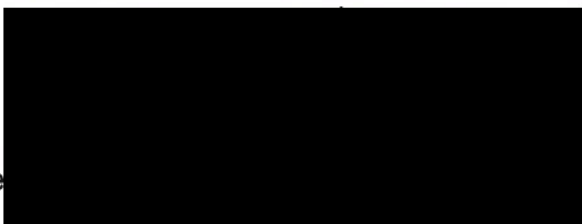
### 3. Main Contact Details (for correspondence)

Title: Mrs .

Name: Valerie Pickwell

Role: Leader

Address:



Postcode

Home Phone Number:



Mobile Phone Number:

Email Address:



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Democratic Services  
Town Hall, Stockport SK1 3XE  
democratic.services@stockport.gov.uk

**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 (church)  | <input checked="" 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**

*Discussions on topical events a.m.  
Cooked lunch  
Afternoon entertainment. e.g. speaker / quiz*

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

*44 yrs ago approx.*

**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"/> | <i>Church Council - no document</i> |
| 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"/> |                                     |

### 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"/>	£ 90
Bramhall South & Woodford	<input checked="" type="checkbox"/>	£ 150
Cheadle Hulme South	<input checked="" type="checkbox"/>	£ 300
<b>Central Stockport Area Committee</b>		
Brinnington & Stockport Central	<input type="checkbox"/>	£
Davenport & Cale Green	<input checked="" type="checkbox"/>	£ 20
Edgeley	<input type="checkbox"/>	£
Manor	<input type="checkbox"/>	£
<b>Cheadle Area Committee</b>		
Cheadle East & Cheadle Hulme North	<input checked="" type="checkbox"/>	£ 20
Cheadle West & Gatley	<input checked="" type="checkbox"/>	£ 20
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 & High Lane	<input type="checkbox"/>	£
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input type="checkbox"/>	£
Norbury & Woodsmoor	<input type="checkbox"/>	£
Offerton	<input type="checkbox"/>	£
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£
<b>Totals</b>		<b>£ 600</b>

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



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 Democratic Services  
 Town Hall, Stockport SK1 3XE  
 democratic.services@stockport.gov.uk

## 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.

To provide speakers x 2 month approx  
(we meet weekly)

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

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

older people

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

14

#### 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.

Twelve speakers a year @ £50

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

£600

#### 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

The church supports gifts at Easter / Harvest / Christmas + Christmas dinner + any other needs.

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

£600

#### 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?

The Church. will support

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

Start September 2024  
Finish " " 2025

## 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: *Valerie Pickwell*

Signature: 

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

Date:

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