



# 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

Disability Opportunities in Sport UK (DOSportUK) CIC

### 2. Organisation/Individual Address

DOSportUK, 2 Station View, Rhino Court, Stockport, SK7 5ER

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

Title: Mr

Name: Jacob Meaton

Role: Managing Director

Address:

Postcode:

Home Phone Number: N/A

Mobile Phone Number:

Email Address:

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### 4. Please provide your bank account details

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 type="checkbox"/>            |
| Housing Association            | <input type="checkbox"/> |                                  |                                     |

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

We aim to provide sport and physical activity opportunities to people with a disability.

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

August 2017

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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 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"/> |

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## 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.*

The application is to support our newly formed Stockport Jets basketball sessions. These basketball sessions are aimed at people with a learning disability and/or autism but are open to all ages and abilities and people do not need to have either of these to join. The sessions happen weekly for 1 hour at Werneth School around term time. We currently have 12 members which we hope will increase in the coming months.

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

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

Residents from across Stockport (and beyond) who have a learning disability and/or autism. We also find that the benefits of these sessions extend to family members and support, as well as opening doors for volunteering and employment also. We work on the ages of 10 years and up and some of our members are into their 30's and we do not have an older age limit. Members come from across Stockport for the group and some from Manchester too. We acknowledge that there are few opportunities like this in the area so people will travel to attend!

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

Directly - 10-20 per week

Indirectly - over 50 if we are taking into consideration the effect in the daily life of the members, trickling to family members, and support.

The allocations have been calculated by the current membership geographical spread. £100 has been allocated per member for each area of Stockport. We have just had a new member this week from Marple too and we have several out of Stockport members too.

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

No

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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?**

£2200

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**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 member fees which are £50 annual or £10 to join and £2 per session. We anticipate that it will bring in around £500-£1000 for the project.

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

£1200

**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?**

Member fees, fundraising activities, and other grants and commercial sponsors.

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

Start: September 2024

Finish: July 2025

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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
<b>Bramhall &amp; Cheadle Hulme South Area Committee</b>			
Bramhall North	<input type="checkbox"/>	1	£100
Bramhall South & Woodford	<input type="checkbox"/>	1	£100
Cheadle Hulme South	<input type="checkbox"/>		£
<b>Central Stockport Area Committee</b>			
Brinnington & Stockport Central	<input type="checkbox"/>	1	£100
Davenport & Cale Green	<input type="checkbox"/>		£
Edgeley	<input type="checkbox"/>		£
Manor	<input type="checkbox"/>		£
<b>Cheadle Area Committee</b>			
Cheadle East & Cheadle Hulme North	<input type="checkbox"/>		£
Cheadle West & Gatley	<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"/>	4	£400
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"/>	2	£200
<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"/>	1	£100
Bredbury Green & Romiley	<input type="checkbox"/>		£
<b>Totals</b>			£1000

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: Jacob Meaton

Signature:

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

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Date: 24/05/2024

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**P**