



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

Greater Manchester Independent School (Marple)

2. Organisation/Individual Address

119 Stockport Road
Marple
Stockport
Greater Manchester
SK6 6AF

3. Main Contact Details (for correspondence)

Title: Mr
Name: Ben Lock

Role: Head of Site

Mobile Phone Number:

Email Address:

4. Please provide your bank account details

Account Name:

Account Number:

Sort Code:

Return to:
Democratic Services
Town Hall, Stockport SK1 3XE

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 type="checkbox"/> | Other (Please specify) | <input type="checkbox"/> Y |
| Housing Association | <input type="checkbox"/> | Independent Special Educational Needs School | |

6. Please describe the main activities of your Organisation

GMIS Marple is a not for profit, specialist independent SEMH (social, emotional, mental, health) school. We have been in Marple for almost 2 years now and provide education for pupils who have been unable to maintain attendance within a mainstream setting due to varying SEMH needs.

7. When was your Organisation established?

Marple site opened in 2022

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 | X |
| A Constitution/governing document/set of rules | X |
| An Equal Opportunities Policy | X |
| A Child Protection Policy (where necessary) | X |
| A Health and Safety Public liability | X |

2. About Your Application

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

GMIS Marple wishes to raise funds for the installation of a defibrillator to be installed on the outside of the school to provide a valuable community resource.

The closest defibrillator to the site is at Rose Hill Station and at Asda (taken from a defib finder website), both of which are a 10-15 minute walk from GMIS Marple. We had an incident several months ago when a gentleman collapsed a few yards from the school and CPR was administered until an ambulance arrived and a defibrillator deployed.

10. Who will benefit from this grant?

Residents and visitors who might require the use of a defibrillator.

10(a) How Many Stockport residents will benefit?

Hopefully nobody will ever need benefitting from it, but it would be available to all.

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.

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

A fully installed and serviced unit costs around £1500.

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 3 schools across Greater Manchester and each site is looking to secure a defibrillator. We are fundraising, the main event being a sponsored walk between the 3 sites (Marple, Northenden and Failsworth).

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?

Fundraising (see above)

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

As soon as funds are secured

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 xx

	Number of beneficiari es	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 West & Gatley	<input type="checkbox"/>	£
Cheadle East & 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	Y	£250
Marple South	Y	£250
Stepping Hill Area Committee		
Hazel Grove	<input type="checkbox"/>	£
Offerton	<input type="checkbox"/>	£
Norbury & Woodsmoor	<input type="checkbox"/>	£
Werneth Area Committee		
Bredbury & Woodley	<input type="checkbox"/>	£
Bredbury Green & Romiley	<input type="checkbox"/>	£
Totals		£500

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

Print your name: Ben Lock

Signature:

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

Date: 1/7/24