

Mobile Phone Number:

Email Address:

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
Together Trust
2. Organisation/Individual Address
Together Trust Schools Hill Cheadle SK8 1JE
3. Main Contact Details (for correspondence)
Title: Mrs
Name: Lucy Sawdon-Molloy
Role: Head of Fundraising
Address:
Postcode:
Home Phone Number:

4. Please provide your bank account details						
Account Name:						
Account Number:						
Sort Code:						
5. What is the status of your O <i>Please Tick</i>	rganisation/ G	Group?				
A New Group		Voluntary Organisation				
A Registered Charity No.	\boxtimes	Company Limited by Guarantee No.				
Applying for Charitable Status		Unregistered Association				
Friendly Society		Other (Please specify)				
Housing Association						
6. Please describe the main ac	tivities of vou	r Organisation/ Group				
Every year, we deliver life-changing care, support and education to thousands of people so they can lead the happy, fulfilled lives they deserve. We provide this care and support through a range of services, including specialist education, community day services, autism sleep clinic, residential homes, and a fostering service.						
7. When was your Organisation	n/Group estab	lished?				
1870						
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 con	nmittee	\boxtimes				
A Constitution/governing document/set of rules		s 🔀				
An Equal Opportunities Policy		\boxtimes				
A Child Protection Policy (where	e necessary)	\boxtimes				
A Health and Safety Public liability		\boxtimes				

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.

The Together Trust fundraising team are organising Halloween Together for the second year in a row. Following a successful trial event last year, we have decided to organise the event again and hopefully increase its scale to provide an even better experience for the public and to raise more funds for the charity to provide its services to local residents.

The event is an accessible, family-friendly Halloween event offering guests the opportunity to take part in Halloween themed activities. Each vendor is asked to "dress up" their stall (not too scary!) and alongside their usual activity, they act as a trick or treat point giving out sweets and/or small gifts to anyone taking part. We also encourage our services to take part and run activities/games.

We keep entry price low to ensure that the event is as accessible as possible to the public and aim to have a range of price points for activities inside the event.

This year we would like to be able to provide an indoor activity free of charge. Trainmaster Greater Manchester have attended our annual Join Together Festival for 2 years in a row and been a firm favourite with guests. They provide a fantastic indoor activity, especially for children and young people with a special interest in trains. As a charity we support a large number of children and young people with autism and complex mental health needs. Trains are a key interest for lots of the people we support, and we want to ensure we are providing activities that people want to engage with at the event.

By providing this activity in the hall, it also allows for a slightly quieter space away from the potential noise of other activities. And of course, we never know what the weather might be doing in October!

10. Who will benefit from this grant?

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

The whole premise of the event is for it to be accessible and family-friendly, opening it up to anyone and everyone who wants to celebrate and have fun at Halloween in a safe and accepting environment.

We carry out a thorough Equality Impact Assessment in advance of all of our events to ensure they are as accessible as possible the largest number of people.

10(a) How Many Stockport residents will benefit?

500 - 1,000

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.

Trainmaster Greater Manchester – full day cost £500 (including VAT)

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

£1,000

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

Partial revenue is generated before the event by advance ticket sales and stall bookings. We charge a £30 fee for external vendors to be present at the event and food stalls pay a percentage of their profit after the event concludes.

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?

We will be seeking sponsorship from local businesses and selling market stall pitches in advance of the event to ensure expenditure is covered before the event takes place.

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

Start: ASAP

Finish: 26th October 2024 (event date)

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 Cor	nmittee			
Bramhall North				£
Bramhall South & Woodford				£
Cheadle Hulme South				£
Central Stockport Area Committee				
Brinnington & Stockport Central				£
Davenport & Cale Green				£
Edgeley				£
Manor				£
Cheadle Area Committee				
Cheadle East & Cheadle Hulme North		\boxtimes	500	£250
Cheadle West & Gatley		\boxtimes	500	£250
Heald Green				£
Heatons & Reddish Area Committee				
Heatons North				£
Heatons South				£
Reddish North				£
Reddish South				£
Marple Area Committee				
Marple North				£
Marple South & High Lane				£
Stepping Hill Area Committee				0
Hazel Grove				£
Norbury & Woodsmoor				£
Offerton				£
Werneth Area Committee				£
Bredbury & Woodley				
Bredbury Green & Romiley	- . •			£
	Totals	1,0 00		£500
Tł	nis total sho	uld ad	d up to	

the figure you provided in Question 12

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

4. Application Checklist and Declaration

1.	I am authorised to make this application on behalf of the above organisation	\boxtimes				
2.	I certify that the information contained in this application is correct	\boxtimes				
3.	If the information changes in any way I will inform Democratic Services accordingly.	\boxtimes				
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.	\boxtimes				
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.	\boxtimes				
6.	Our details can be used for promotional purposes should this request be successful	\boxtimes				
7.	I/We will use this grant for the proposed project/activities stated in our application.	\boxtimes				
8.	I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation.	\boxtimes				
9.	I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made.	\boxtimes				
10.	I/we will highlight the support of the Area Committee in recent publicity material.	\boxtimes				
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.	\boxtimes				
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.	\boxtimes				
Print your name: Lucy Sawdon-Molloy						
Signat	ture:					
or if submitted electronically tick this box to signify your agreement to the above terms						
Date:	23/08/2024					