

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 Or	ganisa	tion/	Group

Marple Social and Forces Club

2. Organisation/Individual Address

3 Lime Kiln Lane, Marple, Stockport. SK6 6BX

3. Main Contact Details (for correspondence)

Title: Mrs

Name: Nicola Mullin

Role: Committee Member

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

4. Please provide your bank a	ccount details					
Account Name:						
Account Number:						
Sort Code:						
5. What is the status of your O Please Tick	rganisation/ G	roup?				
A New Group		Voluntary Organisation				
A Registered Charity No.		Company Limited by Guarantee No.				
Applying for Charitable Status		Unregistered Association				
Friendly Society		Other (Please specify)	\boxtimes			
Housing Association		Mutually Beneficial Society Not for- Profit Organisation				
6. Please describe the main ac	tivities of you	r Organisation/ Group				
Community events, christenings, funerals, family parties, social gatherings sporting events						
7. When was your Organisation	n/Group estab	lished?				
1947						
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					
A Constitution/governing docum	nent/set of rules					
An Equal Opportunities Policy						
A Child Protection Policy (where	e necessary)					
A Health and Safety Public liabi	lity	\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.

Defibrillator. The nearest one to us is Marple Cinema which is too far we are also out on a limb. With many walkers and boaters coming through on a regular basis

10. Who will benefit from this grant?

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

Local Residents, holiday makers, people using the canal, people visiting the Club for events or functions – any resident that may have the need to use it

10(a) How Many Stockport residents will benefit?

Anyone passing or using the facilities at the club its not just members anyone is welcome and the Defibrillator will be on an outside wall so accessible 24 hours a day 7 days a week

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?

£1785.00

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 raised £1100 through raffles, a family funday and football cards

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

£685.00

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?

As above

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

Start ASAP Finish ASAP

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 C	ommittee		
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 Nort	h 🗆		£
Cheadle West & Gatley			£
Heald Green			£
Heatons & Reddish Area Committee			
Heatons North			£
Heatons South			£
Reddish North			£
Reddish South			£
Marple Area Committee			
Marple North	\boxtimes		£342.50
Marple South & High Lane	\boxtimes		£342.50
Stepping Hill Area Committee			
Hazel Grove			£
Norbury & Woodsmoor			£
Offerton			£
Werneth Area Committee			
Bredbury & Woodley			£
Bredbury Green & Romiley			£
	Totals		£685.00
	This total should ad the figure you provide		_

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: Nicola Mullin				
Signator or if su	ture:ubmitted electronically tick this box to signify your agreement to the above terms	\boxtimes		