



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

Lips Inked Arts CIC

2. Organisation/Individual Address

Piccadilly Business Centre, Unit C Aldow Enterprise Park, Blakett Street, Manchester, M12 6AE

3. Main Contact Details (for correspondence)

Title: Mrs

Name: Delphine Evans

Role: Director

Address:

Postcode:

Home Phone Number:

Mobile Phone Number:

Email Address:

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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 | <input type="checkbox"/> |
| A Registered Charity No. | <input type="checkbox"/> | Company Limited by Guarantee No. 13508714 | <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"/> | | |

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

Lips Inked Arts CIC is a community arts organisation that provides inspiring opportunities to underserved neighbourhoods across Manchester and Stockport. We empower communities through creativity, delivering projects which bring people together, reduce loneliness and isolation, and allow people to freely access high quality cultural activities.

7. When was your Organisation/Group established?

13th July 2021

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

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.

Our innovative and unique programme 'Sounds of Light' is a music therapy project delivered in the community in Stockport. Its aim is to support anyone who has been affected by pregnancy loss or the death of a child, recently or long ago. Sessions are free to attend, and there is a warm space and refreshments provided.

The project is taking place in Brinnington, an area that ranks within the most 2% most deprived nationally. We know that 2700 babies are stillborn every year in the U.K. (Tommys, 2023), and that people living in the most economically deprived areas such as Brinnington are disproportionately affected. The idea for this project emerged from personal experiences and conversations with members of the local community who have suffered pregnancy and infant loss.

The structure of the sessions is flexible according to what participants want to explore. There is no pressure to attend every week and absolutely no musical experience or prior knowledge is required.

Here is some recent feedback from our participants:

"The group provides a valuable community service"

"This space has allowed me to access different feelings, and I have left feeling more positive than negative on many occasions"

"Enjoy very much, it's such a warm environment"

"Music is massively underrated for healing"

"You saved my life when I didn't have any hope. Thank you."

10. Who will benefit from this grant?

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

10(a) How Many Stockport residents will benefit?

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

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.

Venue hire £318

Workshop artists £6000

Peer support worker expenses £180

Outreach activities £1000
Storage (core cost) £511
Equipment £750
Subsistence £200
Project management £500
Marketing £300
Staff CPD (clinical supervision) £770
Volunteer costs £150
Stationery £40
Contingency £700

All prices shown are inclusive of VAT

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

£11,419

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

Coop Local Community Fund – funding confirmed, amount TBC in October 2024
Vernon Charitable Foundation – funding applied for

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

£1000

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 have grant funding of circa £2k confirmed from the Coop Local Community Fund.

We are currently applying to other sources of grant funding e.g. The National Lottery Community Fund.

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

Start December 2024
Finish August 2025

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 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 checked="" type="checkbox"/>	50	£300
Davenport & Cale Green	<input type="checkbox"/>		£
Edgeley	<input checked="" type="checkbox"/>	10	£100
Manor	<input type="checkbox"/>		£
Cheadle Area Committee			
Cheadle East & Cheadle Hulme North	<input type="checkbox"/>		£
Cheadle West & Gatley	<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 checked="" type="checkbox"/>	20	£200
Marple Area Committee			
Marple North	<input type="checkbox"/>		£
Marple South & High Lane	<input type="checkbox"/>		£
Stepping Hill Area Committee			
Hazel Grove	<input type="checkbox"/>		£
Norbury & Woodsmoor	<input type="checkbox"/>		£
Offerton	<input type="checkbox"/>		£
Werneth Area Committee			
Bredbury & Woodley	<input checked="" type="checkbox"/>	30	£300
Bredbury Green & Romiley	<input checked="" type="checkbox"/>	10	£100
Totals			£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: Delphine Evans

Signature:

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

Date: 11/09/2024

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