Brookfield Park Shiers Family Trust Application Form



Thank you for your interest in the **Brookfield Park Shiers Family Trust**. Money from the sale of Brookfield House has been used to set up an award scheme for the benefit of local community and voluntary groups. The property was left to the then Cheadle and Gatley Urban District Council in June 1945 by a Deed of Gift by Percy Hesketh Shiers. Decisions about who receives awards will be made by Councillors who sit on the Cheadle Area Committee.

The objectives of the Trust are that the land and the trust funds are used for health, educational and services in the area of benefit, namely that of the former Urban District of Cheadle and Gatley. This includes most of the current Cheadle and Gatley, Cheadle Hulme North, Cheadle Hulme South and Heald Green Wards, and parts of the Bramhall North, Bramhall South and Davenport and Cale Green Wards.

The Area Committee has decided that on this occasion applications should be towards addressing the effect of loneliness amongst elderly residents and the consequential effect on their health.

Please ensure that all boxes on this form are completed. You must also include all additional information that is requested. Return to: Democratic Services, Town Hall, Edward Street, Stockport, SK1 3XE or email democratic.services@stockport.gov.uk by 13 January 2017.

1. About Your Organisation

1. Name of Organisation/ Group
2. Organisation/Individual Address
3. Main Contact Details (for correspondence)
Title:
Name:
Role:
Address:
Postcode:
Home Phone Number:

Mobile Phone Number:							
Email Address:							
4. Please provide the bank details for the account which the grant would be paid in to							
Account Name:							
Account Number:							
Sort Code:							
5. What is the status of your C Please Tick	Organisation/	Group?					
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)					
Housing Association							
6. Please describe the main activities of your Organisation/ Group							
7. When was your Organisation/Group established?							
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.							

9. Is this a new project/initiative or an enhancement of an existing one?					
2. About Your Application					
A Health and Safety Public liability					
A Child Protection Policy (where necessary)					
An Equal Opportunities Policy					
A Constitution/governing document/set of rules					
A governance/management committee					

10. Please give us a brief description of your proposed/planned project or initiative and details of any existing activities tackling loneliness along with broad numbers involved 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.

11. W	ho will benefit from this grant?
11(a)	How many residents within the area served by the trust will benefit?
11(b)	Are there any restrictions on who will benefit from the funding?
Pleas	our Project's Budget e provide a breakdown of cost for your project including VAT where applicable and submit stimates for the purchase of equipment or work to be done.
12(a)	How much will the project/activity cost in total?
12(b)	Tell us about other any other sources of income you have already applied for or raised (including grants over the past three years) so far in relation to this project
13. F	ow much are you applying for from the Brookfield Park Shiers Family Trust?
13(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?
14. V	/hat is the planned timescale for spending this grant?

3. 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 Cheadle Area Committee meeting to answer any questions members may have.	
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:	
Signa	submitted electronically tick this box to signify your agreement to the above terms \Box	
Date:		