**Please read the Guidance Notes before completing.
 If you need advice or support to complete your application form, please contact your Community Builder: Tel: 01706 751190**

**For any other queries, contact Hayley Tomlinson at Action Together on Email:** **hayley.tomlinson@actiontogether.org.uk** **Tel: 0161 339 2345**

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| **Are you currently a member of Action Together?** | **Yes / No** |
| **If you are not a member, please submit your completed membership form with your grant application form. If you do not do this your bid cannot be considered.** [**https://www.actiontogether.org.uk/node/2982**](https://www.actiontogether.org.uk/node/2982) |

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| **Section 1 - Name of project** |
| **Name of project that you are applying for funding** |  |

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| **Section 2 - Applicant details** |
| **a) Name of group/organisation** |  |
| **b) What does your group/organisation do? (100 word maximum)** |  |
| **What is your organisations annual turnover?**  |  |
| **Include below contact details for the group/organisation (the contact information you wish for correspondence)** |
| **e) Name of Project Lead** |  |
| **f) Telephone** |  |
| **g) Address and post code** |  |
| **h) Email address** |  |
| **i) Have you applied for or received Connecting You Seed Funding before?** | No [ ]  Yes[ ]  |

 *This funding is for grassroots organisations, particularly emerging local groups as well as charities and other not-for-profit organisations whose focus is on local work (annual income under approx. £100,000).*

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| **Section 3 – About the project and justification** |
| **What are the aims and objectives of your project?** |
| **Aims:** *What do you want to achieve/What is the purpose of the project? E.g. “Set up a group to reduce isolation”* |  |
| **Objectives:** *Specific detail/tasks E.g. “To work with the group on attending events to increase confidence”* |  |
| **Which of these priorities relates to your plan? (please tick)** |
| **Arts and Culture** |[ ]  **Walking and Physical Activity** |[ ]  **Growing and Cooking** |[ ]  **Connect 5 / mental wellbeing** |[ ]  **Self Care / Health conditions** |[ ]
| **Please provide a few sentences including an example of how your project will reach the following criteria** |
| **Enabling**: *e.g. working with our current or new community groups to quickly and easily support them* |  |
| **Responding**: *e.g. to opportunities and gaps identified within our communities* |  |
| **Connecting**: *e.g. reaching and involving more community members as a result of the funding* |  |
| **Targeting**: *e.g. specific groups such as people with long term conditions or areas agreed at neighbourhood level* |  |
| **Building**: *e.g. adding value to your community through a “trade” criteria where the receiving group are asked to offer a similar give-back in a community contribution* |  |
| **Section 3 – About the project and justification (continued)** |
| **Measurable outputs and outcomes** |
| **Who and how many people will be engaged?** |  |
| **What is the planned impact on the community and the individual; what differences or changes will be made?** |  |
| **Any other measurable outputs/outcomes:***Please explain how you will be able to monitor your projects success* |  |
| **Proposed project start date:** |  | **Proposed project completion date:** |  |

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| **Section 4 - Project Finances** |
| **a) Cost of project (total)** |  |
| **b) Amount of Connecting You Seed Funding requested** |  |
| **c) Breakdown of proposed expenditure relating to the amount of Connecting You Seed Funding required (enclose quotations, cost estimates or extracts from catalogues. At least two quotations will be required for any items to be funded that will cost £1,000 or more to demonstrate value for money)** |
| **Expenditure item:***e.g. Venue hire* | **Source:***e.g. Local community centre* | **Cost:***e.g. £20 per hour x 3 sessions (£60)* |
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| **Total** |  |

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| **Please provide us with your bank details if constituted** |
| **Account Number:** |  |
| **Account Name:** |  |
| **Sort Code:** |  |

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| **Section 5 - DECLARATION** |
| *We, the undersigned agree to:** **No expenditure being incurred on this project prior to the grant decision being given.**
* **Certify that the information contained in this application is correct.**
* **Use funds, if granted, only as specified in this application, unless receiving authorisation from Action Together to make changes.**
* **Send a budget breakdown for all payments made with this grant along with a completed Project Evaluation to Action Together.**
* **Agree to participate in monitoring, auditing and evaluation related to this fund.**
* **Agree to Action Together and Rochdale Council’s use of the organisation’s name and photographs for promotional purposes.**
* **Inform Action Together immediately if either signatory leaves the organisation or can no longer fulfil their responsibilities, or someone else takes over responsibility for the grant on behalf of the organisation.**
* **Demonstrate that we have a robust safeguarding policy in place if our project is likely to include children or vulnerable adults in order to protect those groups, according to legislations.**
* **All successful applicants will be required to supply a copy of a bank statement in the organisations name, this could also include a letter head or paying in slip. This is required prior to any funding being released.**
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| **Contact person** | **Second contact person** |
| **Name:** |  | **Name:** |  |
| **Position in Group:** |  | **Position in Group:** |  |
| **Signature:** |  | **Signature:** |  |
| **Date:** |  | **Date:** |  |

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| If your project is likely to include children or vulnerable adults, you're expected to have robust safeguarding policies in order to protect those groups, according to legislations and you'll need to demonstrate that you have a safeguarding policy in place.  |

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| Please either email your completed application form to:grants@actiontogether.org.ukOr post to:Action Together, 104-106 Drake Street, Rochdale, OL16 1PQ.**Please note: We will return incomplete application forms.****Thank you** |

*For official use only*

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| **Statement of support from the Friends Panel** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |

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| **Feedback****For official use by RBC** |
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| **Name:** |  | **Signature:** |  | **Date:** |  |