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**Rochdale Communities Fund – Health Inequalities Fund**

**Application Form (up to £10,000)**

**Section One: Your Organisation**

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| **Name of Organisation:** |  | |
| **Address of Organisation:** |  | |
| **Website/Social media details** |  | |
| **Contact Details:** | **Main Contact** | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |
| **Address (including postcode):** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Are you based or working in the Rochdale Borough with beneficiaries from the area?** |  |  |
| **Please tick the area (s) that will benefit from this project:** |  |  |
| **Rochdale North** (Central Rochdale, Healey, Norden) |  |  |
| **Rochdale South** (Balderstone & Kirkholt, Bamford, Castleton, Kingsway and Milkstone & Deeplish) |  |  |
| **Heywood** |  |  |
| **Middleton** |  |  |
| **Pennines** (Smallbridge and Firgrove, Milnrow and Newhey, Littleborough Lakeside and Wardle and West Littleborough) |  |  |
| **Are you a member of Action Together? (if not, you will need to become a member to access this grant. We can help you with this.)** |  |  |
| **Do you have a governing document?** |  |  |
| **Do you have a bank account in the organisation’s name with at least two unrelated signatories?** |  |  |
| **Are you a non-profit organisation where all surplus is re-invested back into the community?** |  |  |
| **Has your organisation recently completed a Health Check with a Community Development Worker?** |  |  |
| **Does your project involve working with children and / or adults at risk?** |  |  |
| **Do the majority of your organisations trustees and leadership team reflect the community that you serve? (Action Together is committed to ensuring grants are delivered by organisations who closely reflect those they support. This might be people in your leadership team or trustees with lived experience of injustice, poverty, homelessness, health challenges or other that is appropriate to your organisation and project.**  **e.g if you are an organisation aiming to reduce food poverty, do you have leadership and strategic direction from those with lived experience of food poverty.)** |  |  |
| **We collect data about the types of people who benefit from the organisations and activities that we fund through our grants. This is so that we can evaluate whether the grants we award are benefitting a broad cross section of the communities we serve.**  **Please fill in this form as best you can, focusing on the people you aim to benefit, if successful, from the grant you are applying for:** [**https://forms.cloud.microsoft/e/apmqU82Laa**](https://forms.cloud.microsoft/e/apmqU82Laa) |  |  |

**Section Two: Your project**

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| **Please tick which one of the following priorities your project addresses** | |
| **Trusted Spaces and Information:** Create/ support existing safe spaces for conversations and community engagement in trusted organisations around experiences of Covid-19 and vaccinations. These spaces should focus on addressing overcoming barriers to the vaccine and creating a sense of safety to share experiences and collect community stories. |  |
| **Accessibility and Communication:** Removing barriers to engagement by providing support to accessing trusted spaces and information. E.g. travel costs, translation services, tailored resources, and social media. |  |
| **Community Outreach:** Direct engagement to reach people who are most vulnerable to serious outcomes from COVID-19 and who are therefore most likely to benefit from the vaccination. Eg. Adults over 75. More information on eligibility [here](https://www.nhs.uk/vaccinations/COVID-19-vaccine/) |  |

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| **What is the name of your project?** |  | |
| **Amount you are applying for? (Up to £10,000)** |  | |
| **What is your idea? - We would like to know how your project will help local people and how it fits in with the aims of the fund and the priorities that you have ticked** | | |
|  | | |
| **How have you developed your project idea? Please tell us how you know this offer is needed in your community** | | |
|  | | |
| **What will you do with the grant? Please tell us how you will deliver the project (for example where, when, what methods would you use, who will be involved).** | | |
|  | | |
| **Please explain who will benefit from the project?** | | |
|  | | |
| **How many people will directly benefit from the project?** | |  |
| **When will your project take place?** Please include an approximate start and end date(please be aware that all projects must be complete by March 2026) | |  |

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| **Please provide a breakdown of how you will spend the grant** | | |
| Item | Breakdown (how have you worked out your costings?) | Amount Requested |
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|  |  |  |
| **Total amount requested?** | | **£** |

**Section Three: Supporting Documents**

All successful applicants will be required to supply a copy of the following information as part of the grant agreement, prior to any funding being released.

|  |
| --- |
| **Required supporting information** |
| Details of a bank account in organisation’s name with at least two unrelated signatories (we will require a copy of a bank statement) |
| Copy of your governing document |
| Insurance details |
| Safeguarding policy |

**Section Four: Grant Declaration**

1. I certify that the information contained in this application is correct. I understand that if in any way the information is not correct, the application may be disqualified, or any grant awarded may be repayable on request.
2. If the information changes in any way I will inform Action Together as soon as possible.

|  |  |
| --- | --- |
| **Main contact for this project:** |  |
| Role within organisation: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |

|  |  |
| --- | --- |
| **Other Senior contact for the organisation** |  |
| Role within organisation: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |