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AI-generated content may be incorrect.**

**Tameside CVD and Diabetes Microgrant**

**Application Form (up to £2,000)**

**Section One: Your Organisation**

|  |  |  |
| --- | --- | --- |
| **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 Tameside Borough with beneficiaries from the area?** |  |  |
| **Please tick the area (s) that will benefit from this project:** |  |  |
| **Ashton** |  |  |
| **Denton, Audenshaw, and Droylsden** |  |  |
| **Stalybridge, Mossley, and Dukinfield** |  |  |
| **Hyde, Hattersley, and Longdendale** |  |  |
| **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?** |  |  |
| **Does your project involve working with children and / or adults at risk?** |  |  |
| **Has your organisation recently completed a Health Check with a Community Development Worker?** |  |  |

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| **The Community –led Wellbeing Principles have been co-designed with the local VCFSE sector describe the behaviours, hopes and values that are intrinsic to community led prevention.**  **Please select the statement(s) that are true to your group / organisation** | |
| We work with people one life at a time – on their terms, at their pace for as long as they need us. |  |
| People trust in us, to work alongside them consistently with compassionate, and without judgement. We don’t give up on people. |  |
| We are safe open spaces where everyone can feel connected, and feel they belong. |  |
| We are peers and facilitators within communities who can spot the signs of what is really going on with others and encourage them to make informed choices. |  |
| We are the trusted voice within communities and the link to everything else, advocating for the most vulnerable and those in crisis. |  |
| We offer positivity and hope - opportunities for people to gain a sense of purpose and grow their skills, confidence, and resilience. |  |
| We are our communities. We grew out of our communities; we are committed to being here for the long term. |  |

**Section Two: Your project**

|  |  |
| --- | --- |
| **2.1 Fund Priorities:**  **Please tick which of the funding priorities your project will meet:** | |
| Address the **social determinants** of health to reach **people experiencing disadvantage.** This includes income, education, employment, housing and other social factors, which interact to shape the conditions in which people live. |  |
| Enhance opportunities for people to engage with **healthy eating, physical activity or smoking awareness.** |  |
| **Catching ill-health as early as possible** |  |
| **Tertiary Prevention** aimed at managing and reducing the impact of chronic diseases or injuries after they have occurred. |  |

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| **What is the name of your project?** |  | |
| We would like to know how your project will reduce health inequalities by supporting inclusive, locally tailored initiatives that engage people at higher risk of CVD and diabetes, and how it fits in with the priorities that you have ticked. *Please also tell us how you will deliver the project (where, 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?** | |  |
| **Please provide an estimated start and end date for your project** | |  |

|  |  |  |
| --- | --- | --- |
| **Please provide a breakdown of how you will spend the grant** | | |
| Item | Breakdown (how have you worked out your costings?) | Amount Requested |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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) |
| A copy of your governing document |
| Insurance details (public liability and employers’ liability) |
| Safeguarding policy |
| Risk Assessment |

**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: |  |