**Rochdale – Care Packages Small Grant Application (up to £500)**

**Section One: Your Organisation**

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

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|  | **Yes** | **No** |
| **Are you based or working in the Rochdale Borough with beneficiaries from the area?** |  |  |
| **Please tick the area (s) that will benefit**  **Rochdale**  **Heywood**  **Middleton**  **Pennines**  **Boroughwide** |  |  |
| **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?** |  |  |

**Section Two: Your project**

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| **What type of Care Packs would you like to create and what would be in each Care Package?**  ***Maximum of 250 words.*** |
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| --- | --- | --- | --- |
| **Who would your Care Packs support?** (tick all that apply) | | | |
| Children |  | Homeless people |  |
| Families and parents |  | Men |  |
| Carers |  | Women |  |
| Faith communities |  | Older people (50+) |  |
| Black and Minority Ethnic community |  | Other (please provide detail below) |  |
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| **How many Care Packs do you think you will be able to make? (please tick one)** | | | |
| 1-10 |  | 31-50 |  |
| 11-20 |  | 51-100 |  |
| 21-30 |  | 100+ |  |

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| **Can you deliver your packs to a central Rochdale Location?** | | | | |
| **Yes** |  | **No** |  |  |

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| **We are also looking for the following items to be donated, can you help?**   * Leaflets about local support services * Booklets/resources to support with physical or emotional wellbeing * Tinned/dried food donations * Toys (new, packaged or clean and good condition) | | | | |
| **Yes** |  | **No** |  |  |
| (If yes, please provide detail) | | | | |

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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?** | | **£** |

**Please return completed application forms to** [**hayley.tomlinson@actiontogether.org.uk**](mailto:hayley.tomlinson@actiontogether.org.uk)

**Section Three: Supporting Documents**

**Please provide a copy of your governing document.**

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

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| **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) |

**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.

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

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