**Rochdale – Community Respond, Repair and Recover**

 **Application Form (up to £200)**

**Section One: Your Organisation**

|  |  |
| --- | --- |
| **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** |  |  |
| **Littleborough** |  |  |
| **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 set of rules about how you will work together? (It’s ok if you’re a newly formed group and don’t have this.)** |  |  |
| **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 comply with government guidance on helping safely?** [***how to help safely government guidance***](https://www.gov.uk/government/publications/coronavirus-how-to-help-safely--2/coronavirus-how-to-help-safely) |  |  |

**Section Two: Your project**

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| **Please tick which priorities your project addresses** |
| Food, particularly social eating projects |[ ]  Advice projects and services that help individuals  |[ ]
| Practical support and help in the community |[ ]  Creative or learning projects which enrich communities, families or individuals lives |[ ]
| Digital projects and services |[ ]  Emotional wellbeing, support and therapeutic projects |[ ]
| Projects to address inequalities  |[ ]  Practical reopening costs |[ ]
| Economic support projects and services |[ ]  ‘Care Packages’ of essentials to help people and families (including hygiene products, cleaning products, and items to help keep people well, warm and healthy items |[ ]
| Communications to and with diverse cohorts of people |[ ]  Projects responding to climate emergency |[ ]
| Projects to support healthy activity |[ ]  Recover Projects (Bounce back) |[ ]
| Moving More in Everyday Life |[ ]  Support the Supporter |[ ]

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| **What is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** *Please also tell* ***who*** *you will be helping and* ***how many****? Also,* ***what*** *will you spend the money on?* ***Maximum of 500 words.*** |
|  |
| **How many people will directly benefit from the project?** |  |

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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**

**Please provide a copy of any of the following documents that you have.**

Dependant on the nature of your set up or activities we may need to help you to get these in place if you don’t already have them.

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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) |
| [ ]  Insurance details (if applicable) (public liability and employers’ liability) |
| [ ]  Safeguarding policy (if applicable)  |

**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: |  |

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