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**Application Form**

Please complete the application form below.

**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):** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| **Are you based or working in the Oldham Borough with beneficiaries from the area?** |  |  |
| **Please tick the area (s) that will benefit**[ ]  **Oldham Central St Marys, Alexandra and Coldhurst**[ ]  **Chadderton, Werneth**[ ]  **Royton, Shaw & Crompton**[ ]  **Saddleworth, Lees, St James, Waterhead**[ ]  **Failsworth, Hollinwood, Medlock Vale and Fitton Hill** |  |  |
| **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 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) |  |  |
| **Have you received Let’s End Hate Crime Funding in the previous financial year?** |  |  |
| **Are you available to attend an online Hate Crime Awareness Session on Thursday 21 January 2021, 10am-12pm** |  |  |

**Section Two: Your project**

|  |  |
| --- | --- |
| **What is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** *We would like to know how you got the idea for this project and who will be running it, do you have the right people and skills? What are the activities taking place and how does this fit into the aims of Let’s End Hate Crime? We would like to know about your beneficiaries and if you are working in partnership with anyone else.****Maximum of 500 words.*** |
|  |
| **Where and when will this activity take place?** |
|  |
| **How many people will directly benefit form this 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 from the Hate Crime Awareness Fund?** | **£** |
| **Total cost of project?** | **£** |
| **If relevant where is the rest of the money coming from?** |
|  |
| **Have you got this match funding in place already?** | Yes / No Please delete as appropriate |

**Section Three: Supporting Documents**

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

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) |
| [ ]  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.

|  |  |
| --- | --- |
| **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: |  |