**Rochdale Borough – Moving More in Everyday Life**

 **Application Form (up to £2,000)**

**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 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 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 is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** *Please also tell us how you will deliver the project (how many people, what methods would you use).****Maximum of 500 words.*** |
|  |
| **How many people will directly benefit from the project?** |  |

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| **Please tick which audience your project targets** |
| Unemployed |[ ]
| People aged 40-60 years who are at risk of a long term health condition |[ ]
| Children and Young Peoples Physical Activity out of school |[ ]

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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 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.

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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)  |
| [ ]  Covid Risk Assessment (If applicable and your project involves bringing people together. If you require support to complete this, please [click here](https://www.actiontogether.org.uk/covid-resources#risk)) |

**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: |  |