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**One Oldham Fund Programme – Developing Recovery Communities**

**(Micro grants – up to £1,000) - Application**

**Section One: Your Organisation**

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| **Name of Organisation:** |  |
| **Company House/Charity Reg. number (if you have one):** | **Company House/Charity Registration number if applicable** |
| **Address of Organisation:**  |  |
| **Website / social media details:** |  |
| **Contact Details:** | **Main Contact**  | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |

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|  | **Yes**  | **No** |
| **Are you locally rooted or actively 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 (Central)**
 |  |  |
| * **Chadderton, Werneth (West)**
 |  |  |
| * **Royton, Shaw & Crompton (North)**
 |  |  |
| * **Saddleworth, Lees, St James, Waterhead (East)**
 |  |  |
| * **Failsworth, Hollinwood, Medlock Vale and Fitton Hill (South)**
 |  |  |
| **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 vulnerable adults or children?** |  |  |

**Section Two: Your project**

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| **Which of the following priorities does your project fit in with? (you can tick more than one)** |
| The development and expansion of recovery communities and peer support networks for substance and alcohol misuse in Oldham |  |
| To increase the visibility or recovery from substance and alcohol misuse and support social integration networks |  |
| Improved networks of social connections so that people facing social exclusion through substance and alcohol misuse have the opportunity to live healthy and fulfilling lives through involvement in a community that supports their recovery, encourages social integration, builds their abstinence and wellbeing and is led and organised by their peers and families |  |
| **What is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** ***• We would like to know how your project will help local people who are in recovery and how it fits in with the priorities that you have ticked.*** ***• Please also tell us how you will deliver the project (for example, where, what methods would you use, who will be involved).***  *• You may also send us a short video or some pictures to support your application. If you wish to send a video please contact* *funding@actiontogether.org.uk* *as it is not possible to send this by e mail.* |
|  |
| **How many people will directly benefit from the project?** |  |
| **When will your project take place? Please include an approximate start and end date (all funding must be spent and projects completed by 30 June 2024)** |  |

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| **Please provide a breakdown of how you will spend the grant** |
| Item | Breakdown (how have you worked out your costings, for example no. of hours x hourly rate?) Where available, please provide copies of quotes or links to the item online for larger items of expenditure | Amount Requested |
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| **Total amount of grant requested?** | **£** |

**Section Three: Supporting Documents**

**If you have not recently received funding from Action Together please provide a copy of the following documents that you have.** If they are not easily available they can be sent after your application. 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. We will need to see copies of these documents before funding can be released.

**If you have recently received funding from us we will look at the supporting documents that you have previously provided, and will only ask for further information where necessary.**

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| **Required supporting information** |
| [ ]  A copy of your governing document |
| [ ]  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 (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 and I am authorised to sign this application. 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: |  |

Please send this application and any supporting documents to**funding@actiontogether.org.uk**