****

**One Oldham Fund Programme -Let’s End Hate Crime Grant Application 2023-2024**

**Section One: Your Organisation**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Companies House / Charity Reg. Number (if you have one)** |  |
| **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 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**[ ]  **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. You can find out how to become a member** [**here**](https://www.actiontogether.org.uk/become-member)**.)** |  |  |
| **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?** |  |  |
| **Have you received Let’s End Hate Crime Funding in the previous financial year?** |  |  |
| **Are you available to attend an in person Hate and how to effectively challenge Session on Tuesday 23 January 2024, 9.30am to 11.30am** |  |  |

**Section Two: Your project**

|  |  |
| --- | --- |
| **What is the name of your project?** |  |
| **Which of the following priorities does your project fit with** (you can tick more than one) |
| Helping to change / challenge the behaviours, narratives and perceptions of Hate Crime |  |
| Highlighting the support of third-party reporting centres and encouraging more victims to report Hate Crimes |  |
| **What is your idea / what will you do with the grant?** ***We would like to know how your project will help local people and how it fits in with the aims of Let’s End Hate Crime?******Please also tell us how you will deliver the project (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 this project?** |  |
| **When will your project take place? Please include an approximate start and end date.** |  |
| **If your project will not take place during Hate Crime Awareness Week, please explain why** |
|  |

|  |
| --- |
| **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?** | **£** |

**Section Three: Supporting Documents**

**If you have not recently received funding from Action Together please provide a copy of any 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.**

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

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