**Oldham Community Champions Fund Application (up to £5,000)**

**Section One: Your Group / 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? (please provide a copy)** |  |  |
| **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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| **Which of the following ‘most at risk’ communities does your group or organisation support or engage with? (you can tick more than one)** | | |
| South Asian communities | |  |
| Roma community | |  |
| African communities | |  |
| People with learning disabilities and autism | |  |
| People with sensory disabilities | |  |
| **What is your idea / what will you do with the grant?**  *We would like to know how you will engage with those most at risk from Covid-19, and how you will use the grant. Please refer to the guidance notes for the fund. Please also tell us how you will deliver the engagement (how many people, what methods would you use).*  ***Maximum of 1000 words.*** | | |
|  | | |
| **How many people will directly benefit from the project?** |  | |

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| **Please provide a breakdown of how you will use the grant** | | |
| Item | Breakdown (how have you worked out your costings?) | Amount Requested |
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|  |  |  |
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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) |

**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: |  |