**Oldham Community Champions**

**Grant Application**

**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):** |  |  |

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| **Are you based or working in the Oldham Borough with beneficiaries from the area?** | **Yes** | **No** |
|  |  |
| **Please tick the Community of Focus or Community of Place your activities will be most relevant to:**  **Central: St Marys, Alexandra and Coldhurst**  West: **Chadderton, Werneth**  North: **Royton, Shaw & Crompton**  East: **Saddleworth, Lees, St James, Waterhead**  South: **Failsworth, Hollinwood, Medlock Vale and Fitton Hill**  **Roma**  **Black African**  People with Learning Disabilities  **Young People**  **People experiencing multiple disadvantage** |  |  |
| **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?** |  |  |
| **Will your project comply with the most recent Public Health Guidance and Government Directives relating to COVID-19?** [(Please](https://www.gov.uk/coronavirus) see the information referred to in our guidance notes) |  |  |

**Section Two: Your Project**

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| **What Grant type are you applying for?**  *(please see the Guidance Notes for more information on the expectations, responsibilities)* | **Anchor** | | **Champion** |
|  | |  |
| **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 or inequalities resulting from the pandemic, and how you will use the grant for health or recovery related activities.*  *Please also tell us how you will deliver the engagement (how many people, what methods would you use).* | | | |
|  | | | |
| **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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|  |  |  |
|  |  |  |
| **Total amount requested?** | | **£** |

**Section Three: Supporting Documents**

**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.

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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 (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 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: |  |

|  |  |
| --- | --- |
| **Other Senior contact for the organisation** |  |
| Role within organisation: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |