**Oldham Community Champions**

**Idea Fund Application**

**Section One: Your Organisation**

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| --- | --- | --- | --- | --- | --- |
| **Name of Organisation:** |  | | | | |
| **Community Champions Community of Focus**  ***(please select only one)*** | **North** | **East** | **South** | **West** | **Central** |
|  |  |  |  |  |
| Roma | African | LD & Autism | Young People | Multiple Disadv |
|  |  |  |  |  |
| **Contact Details:** | | | | | |
| **Name:** |  | | | | |
| **Position in group:** |  | | | | |
| **Mobile Number:** |  | | | | |
| **Email address:** |  | | | | |
| **Mark here to confirm you are an approved Community Champion partner *(the Idea Fund is only available to existing Community Champions organisations)*** | | | |  | |

**Section Two: Your Project**

|  |  |
| --- | --- |
| **What is the activity, idea or project you’d like to do with this grant?**  *Please give a quick overview of what kind of activity you want to do and which partners will be involved. Activities should be focused either on:*   1. *Extending the reach of COVID health messages* 2. *Providing pastoral and recovery based support to your Community of Focus or of Place* | |
|  | |
| **How many people will directly benefit from this activity?** |  |
| **What measures are in place to manage the risk of COVID spreading during this activity?**  ***e.g. outdoors; ventilation; social distancing; asking everyone to test in advance; provision of masks, tests, and sanitiser*** | |
|  | |

|  |  |  |
| --- | --- | --- |
| **Please provide a breakdown of costs involve in this activity, project or idea** | | |
| Item | Breakdown (how have you worked out your costings?) | Amount Requested |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total amount requested?** | | **£** |

**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: |  |

**Before any grants are paid, we will contact you and ask you to confirm that the bank details that we are holding for you in relation to your original Community Champions grant are up to date. If they have changed, we will ask you to provide a copy of an up to date bank statement for the correct account.**