**Oldham Community Recovery Fund Application (up to £1,000)**

**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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| --- | --- | --- |
|  | **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?** |  |  |
| **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 priorities does your project fit in with? (you can tick more than one)** | | | |
| Encouraging fit and healthy people and communities | | |  |
| Developing people’s skills | | |  |
| Changing your local area for the better | | |  |
| Encouraging people to get involved in their community and social action | | |  |
| Protecting those who are vulnerable and those who are victims of crime or at risk of being victimised, including domestic abuse | | |  |
| Building resilience, feelings of safety and confidence in community safety | | |  |
| Preventing anti-social and criminal behaviour in Oldham | | |  |
| Helping to build resilient and resourceful communities in Oldham, including online communities and protecting the places where people live, work, socialise or travel. | | |  |
| **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 as we learn to live with the effects of the Covid 19 Pandemic ? Please also tell us how you will deliver the project (how many people, what methods would you use).*  ***Maximum of 500 words.*** | | | |
|  | | | |
| **How many people will directly benefit from the project?** | |  | |

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| **Please provide a breakdown of how you will spend 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 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: |  |