**One Oldham Fund Medium Grant Application (up to £25,000)**

**Section One: Your Organisation**

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| **Name of Organisation:** |  | |
| **Companies House/Charity Reg. number (if you have one):** | **Company House/Charity Registration number if applicable** | |
| **Address of Organisation:** |  | |
| **Website / social media details:** |  | |
| **Contact Details:** | **Main Contact** | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |

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|  | **Yes** | **No** |
| **Are you a Community Anchor Organisation?** |  |  |
| **Are you a not for profit organisation?** |  |  |
| **Are you community led and run?** |  |  |
| **Are you based at and occupying a community building that is rooted in a sense of place or firmly rooted in the community of identity that you serve?** (Please provide more details below e.g.where are you based, which community of identity do you serve?) |  |  |
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| **Does your organisation have multiple functions?** Please provide more details below |  |  |
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|  | **Yes** | **No** |
| **Does your organisation have unparalleled local knowledge and well established networks and connections into the community you are physically based in or your community of identity?** Please provide some examples below |  |  |
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| **Is your mission to improve the whole community and not just a part?** Please let us know what your mission statement is below |  |  |
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| **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?** |  |  |
| **Does your project involve working with vulnerable adults or children?** |  |  |
| **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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| **Which of the following priorities does your project fit in with? (you can tick more than one)** | | | |
| Enabling those adversely impacted by COVID-19 to access the help they need | | |  |
| Reducing inequality and building resilience across Oldham’s communities | | |  |
| Reducing poverty and helping people get back on their feet | | |  |
| Continue to contain the spread of COVID-19 in Oldham | | |  |
| Working with residents and communities to improve health and wellbeing, preventing illness and premature death | | |  |
| Safeguarding and supporting our most vulnerable residents | | |  |
| **What is the name of your project?** |  | | |
| **What is your idea - *We would like to know how your project will help local people and how it fits in with the aims of the fund and the priorities that you have ticked.*** *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*](mailto:funding@actiontogether.org.uk) *as it is not possible to send this by e mail.* | | | |
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| **What will you do with the grant? *Please tell us how you will deliver the project (for example, where, when, what methods would you use, who will be involved).*** | | | |
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| ***Please also tell us how you have involved your community in designing the project?*** | | | |
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| **How many people will directly benefit from the project?** | |  | |
| **Which of the following communities will mainly benefit from your project? (you can tick as many as apply)** | | | |
| People with disabilities | |  | |
| Older people | |  | |
| Children and young people | |  | |
| LGBT+ | |  | |
| Communities experiencing racial inequalities | |  | |
| Families | |  | |
| Single gender (e.g. men’s or women’s groups) | |  | |
| Faith | |  | |
| **When will your project take place? Please include an approximate start and end date** | |  | |
| **What changes or difference will your project make to the people taking part?** *What will you do* *to find this out?* | | | |
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| **Please provide a breakdown of how you will spend the grant** | | |
| Item description | Breakdown (how have you worked out your costings, for example no. of hours x hourly rate?) Where available , please provide copies of quotes or links to the item online for larger items of expenditure | Amount Requested |
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| **Total amount of grant requested?** | | **£** |
| **Total cost of project** | | **£** |
| **If relevant where is the rest of the money coming from?** | | |
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**Section Three: Supporting Documents**

**Please include a copy of your governing document with this application.** The other documents can can be sent after we have confirmed that your application has been accepted together with any other supporting information we may request. 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) |
| If your project involves building work please provide copy quotes, evidence of your right to occupy the building and, if necessary, a copy of the building owners’ permission to carry out the work and planning permission. |

**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: |  |

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| **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**](mailto:funding@actiontogether.org.uk)