**One Oldham Fund Micro Grant Application (up to £1,000)**

**Section One: Your Organisation**

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| **Name of Organisation:** |  | |
| **Company House/Charity Registration number if applicable** |  | |
| **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 involve working with vulnerable adults & children?** |  |  |
| **Does your project comply with government guidance on helping safely during Covid-19?** (Please 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 / what will you do with the grant?**  ***We would like to know how your project will help local people and how it fits in with the priorities that you have ticked. Please also tell us how you will deliver the project (where, what methods would you use, who will be involved).***  *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.* | | | |
|  | | | |
| **How many people will directly benefit from the project?** | |  | |
| **When will your project take place? Please include an approximate start and end date** | |  | |

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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 any 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. 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: |  |

Please send this application and any supporting documents to[**funding@actiontogether.org.uk**](mailto:funding@actiontogether.org.uk)