**One Oldham Fund Micro Grant Application (up to £200)**

**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, working or volunteering in the Oldham Borough?** |  |  |
| **Please tick the area (s) that will benefit from your help**[ ]  **Oldham Central St Marys, Alexandra and Coldhurst**[ ]  **Chadderton, Werneth**[ ]  **Royton, Shaw & Crompton**[ ]  **Saddleworth, Lees, St James, Waterhead**[ ]  **Failsworth, Hollinwood, Medlock Vale and Fitton Hill** |  |  |
| **Do you have a set of rules about how you will work together? (It’s ok if you’re a newly formed group and don’t have this.)** |  |  |
| **Do you have a bank account in the group’s name with at least two unrelated signatories? (we can find a solution if you don’t)** |  |  |
| **Does your project involve working with vulnerable adults & children?** |  |  |
| **Will 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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| --- | --- |
| **What is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** ***Please also tell who you will be helping? Also, what will you spend the money on?*** *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* *as it is not possible to send this by e mail.* |
|  |
| **How many people will directly benefit from the project?** |  |
| **How much money are you applying for?** |  |
| **When will your project take place? Please include an approximate start and end date** |  |

**Section Three: Supporting Documents**

**Please provide a copy of any of the following documents that you have.**

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.

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| **Supporting information** |
| [ ]  Details of a bank account in the organisation’s name with at least two unrelated signatories |
| [ ]  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**