**Rochdale Borough – Developing Recovery Communities**

**Application Form (up to £5,000)**

**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 Rochdale Borough with beneficiaries from the area?** |  |  |
| **Please tick the area (s) that will benefit:** |  |  |
| **Rochdale** |  |  |
| **Heywood** |  |  |
| **Middleton** |  |  |
| **Littleborough** |  |  |
| **Boroughwide** |  |  |
| **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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| **Please tick which priorities your project addresses** | |
| The development and expansion of recovery communities and peer support networks for substance and alcohol misuse in Rochdale |  |
| To increase the visibility or recovery from substance and alcohol misuse and support social integration networks |  |
| Improved networks of social connections so that people facing social exclusion through substance and alcohol misuse have the opportunity to live healthy and fulfilling lives through involvement in a community that supports their recovery, encourages social integration, builds their abstinence and wellbeing and is led and organised by their peers and families |  |

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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 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?** | |  | |
| **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 | | |  |

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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) |
| Covid Risk Assessment (If applicable and your project involves bringing people together. If you require support to complete this, please [click here](https://www.actiontogether.org.uk/covid-resources#risk)) |

**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: |  |