**Rochdale Borough -**

**Winter Food Grant Application Form**

 **(up to £2,000)**

**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?** | **Ye** |  |
| **Please tick the area (s) that will benefit:** |  |  |
| **Rochdale Township** |  |  |
| **Heywood Township** |  |  |
| **Middleton Township** |  |  |
| **Pennine Township**  |  |  |
| **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 food safety (ie staff have Food Hygiene Level 2)** |  |  |
| Groups must be part of the Rochdale Borough Food Solution Network and be prepared to feedback on their project at this forum.Please tick to confirm you are a member of the network/will become a member of the network and be available to feedback on your project at a future meeting.  |  |  |

**Section Two: Your project**

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| **Please tick which food area your project addresses:** |
| Emergency food parcels for individuals and families |  | Fresh food offers which cant be provided by the Community Warehouse |  |
| Culturally specific food offers not available from the Community Warehouse |  | For specific ‘social eating’ projects that will support bring people together during the winter months |  |
| Cooking Projects  |  | Door to Door meals for people in crisis |  |
| Other : Please list any other specific food area you want to support  |  |

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| **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 with food security during the winter months and the Cost of Living crisis? Please also tell us how you will deliver the project (what you will do, how you will do it).****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)  |
| If your project involves food preparation/ food handling we will expected to provide a copy of your Food Hygiene Level 2 Certificate  |

**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: |  |