**A picture containing text

Description automatically generatedRochdale Communities Fund –**

**Digital Inclusion Grants**

**Application Form (up to £5,000)**

**Section One: Your Organisation**

|  |  |  |
| --- | --- | --- |
| **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):** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **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 organisation have an annual turnover of less than £1,000,000?** |  |  |

**Section Two: Your project**

|  |  |
| --- | --- |
| **Please tick which one of the following priorities your project addresses** | |
| * Multi-lingual digital skills training in communities that enable people to feel confident and independent |  |
| * Digital skills courses that are aimed at people with a learning disability and/or mental health issues |  |
| * Basic digital skills sessions and 1:1 support in communities that enable people to feel confident and independent |  |
| * Creative approaches to engaging people and getting them excited about learning digital skills i.e. digital art, AI, tech innovations |  |
| * Drop ins and digital skills sessions to help people use their existing devices i.e. smartphones |  |

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| --- | --- | --- |
| **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***Maximum of 500 words.*** | | |
|  | | |
| How have you developed your project idea? Please tell us how you know this offer is needed in your community | | |
|  | | |
| 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). | | |
|  | | |
| Please can you explain what digital support you already provide in Rochdale Borough? | | |
|  | | |
| How do you collaborate with other organisations in the Rochdale Borough who deliver digital support? Would you be willing to join the Digital Inclusion Forum? | | |
|  | | |
| Please explain who will benefit from the project? | | |
|  | | |
| How many people will directly benefit from the project? | |  |
| When will your project take place? Please include an approximate start and end date | |  |

|  |  |  |
| --- | --- | --- |
| **Please provide a breakdown of how you will spend the grant** | | |
| Item | Breakdown (how have you worked out your costings?) | Amount Requested |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **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.

|  |
| --- |
| **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) |

**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.

|  |  |
| --- | --- |
| **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: |  |