**Tameside & Glossop Community Response Fund Application (up to £200)**

**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):** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| **Are you based, working or volunteering in Tameside or Glossop?** |  |  |
| **Please tick the area (s) that will benefit from your help**[ ]  **Ashton-Under-Lyne**[ ]  **Audenshaw, Denton, Droylsden**[ ]  **Dukinfield, Mossley, Stalybridge**[ ]  **Glossop**[ ]  **Hyde, Hattersley, Longdendale** |  |  |
| **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 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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| **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 and* ***how many****? Also,* ***what*** *will you spend the money on?* ***Maximum of 500 words.*** |
|  |
| **How many people will directly benefit from the project?** |  |
| **How much money are you applying for?** |  |

**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 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: |  |

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| **Other Senior contact for the organisation**  |  |
| Role within organisation: |  |
| Enter name to confirm agreement (instead of a signature) |  |
| Date: |  |