**The Your Health Oldham team are excited to present their small grants community fund programme. The focus of this fund is to help improve the health and wellbeing of the Oldham community. Please use this application form to present a project proposal according to the budget. If you plan to get match funding please also include the details of who else will be contributing.**

**Please note:**

* **This application form is for projects up to, but not exceeding £1000**
* **The closing date for applications is 10pm 8.09.21**
* **Completed application forms should be emailed to** **dgrimes@ablhealth.co.uk**
* **Monitoring should be completed and returned within 8 months of receiving your grant.**

|  |  |
| --- | --- |
| Name of Group: |  |
| Date: |  |
| Are you a constituted group: |  |
| Contact name and details of the application lead: |  |
| When will this project commence:  |  |
| Total number of people expected to benefit: |  |
| Person responsible for the return of the monitoring information (if different from above): |  |
| Amount applied for: (*max of £1000)* |  |
| Will you be working in partnership with any other groups? (if so please give details) |  |
| How will the Oldham community benefit from this grant? |  |
| Please give details of your planned activities:*Please consider:* *relevant qualifications**DBS Checks**insurance**safeguarding and risk assessments.* |  |
| Please provide a breakdown of costs: *This should be researched before the application is submitted and relevant quotes attached.**(Equipment, resources, training, venue hire, refreshments etc)*  |  |

**Please be aware; the safety of members, and the attendees of any events organised by you *the above named group* using the funding provided by ABL Health will be your responsibility. ABL Health WILL NOT be held responsible for any accidents or incidents, the responsibility to risk assess, insure and check the credentials of those supporting the project/event will be the responsibility of the group.**