**One Oldham Fund**

**Children and Young People Grant 2024**

**Application (up to £200)**

**Section One: About you**

|  |  |  |
| --- | --- | --- |
| **Name of Group:** |  | |
| **Companies House/Charity Reg. number (if you have one):** |  | |
| **Address of Organisation:** |  | |
| **Website / social media details:** |  | |
| **Contact Details:** | **Main Contact** | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Are you based, working or volunteering in the Oldham Borough?** |  |  |
| **Please tick the area (s) that will benefit from your help** |  |  |
| * **Oldham Central St Marys, Alexandra and Coldhurst (Central)** |  |  |
| * **Chadderton, Werneth (West)** |  |  |
| * **Royton, Shaw & Crompton (North)** |  |  |
| * **Saddleworth, Lees, St James, Waterhead (East)** |  |  |
| * **Failsworth, Hollinwood, Medlock Vale and Fitton Hill (South)** |  |  |
| **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 involve working with children and / or at risk adults?** |  |  |
| **If you have received a One Oldham Fund Children and Young People Grant before, has that project been completed?** |  |  |

**Section Two: Your project**

|  |  |  |
| --- | --- | --- |
| **What is the name of your project?** |  | |
| **What is your idea / what will you do with the grant?**  **Please tell us who you will be helping and what you will spend the money on?** *You may also send us a short video or some pictures to support your application.**If you wish to send a video please contact* [*funding@actiontogether.org.uk*](mailto:funding@actiontogether.org.uk) *as it is not possible to send this by e mail.* | | |
|  | | |
| **How many people will directly benefit from the project?** | |  |
| **How much money are you applying for?** | |  |
| **When will your project take place? Please include an approximate start and end date** | |  |
| **Which of the following outcomes for children, young people and families does your project aim to improve (please tick up to two)** | | |
| Mental and physical health | |  |
| Secure housing | |  |
| Financial Stability | |  |
| Promoting recovery and reducing harm from substance abuse | |  |
| Family relationships | |  |
| Children safe from abuse and exploitation | |  |
| Crime prevention and tackling crime | |  |
| Safe from domestic abuse | |  |
| Getting a good education | |  |
| Good early years development | |  |

**Section Three: Supporting Documents**

**If you have not recently received funding from Action Together, please provide a copy of the following documents that you have.** If they are not easily available, they can be sent after your application. 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.

**If you have recently received funding from us, we will look at the supporting documents that you have previously provided and will only ask for further information where necessary.**

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| **Supporting information** |
| Details of a bank account in the organisation’s name with at least two unrelated signatories |
| Insurance details (if applicable) (public liability and employers’ liability) |
| Safeguarding policy |

**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: |  |

Please send this application and any supporting documents to[**funding@actiontogether.org.uk**](mailto:funding@actiontogether.org.uk)