**A picture containing text

Description automatically generatedRochdale Communities Fund –**

**Prevention Fund**

**Application Form (up to £18,000)**

**Section One: Your Organisation**

|  |  |  |
| --- | --- | --- |
| **Name of Organisation:** |  | |
| **Address of Organisation:** |  | |
| **Website/Social media details:** |  | |
| **Contact Details:** | **Main Contact** | **Second Contact** |
| **Name:** |  |  |
| **Position in group:** |  |  |
| **Telephone Number:** |  |  |
| **Mobile Number:** |  |  |
| **Email address:** |  |  |
| **Address (including postcode):** |  |  |
| **If you are working in partnership with another organisation, please state which organisation you will be working with:** |  | |

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|  | **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 North** (Central Rochdale, Healey, Norden) |  |  |
| **Rochdale South** (Balderstone & Kirkholt, Bamford, Castleton, Kingsway and Milkstone & Deeplish) |  |  |
| **Heywood** |  |  |
| **Middleton** |  |  |
| **Pennines** (Smallbridge and Firgrove, Milnrow and Newhey, Littleborough Lakeside and Wardle and West 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 project involve working with children and / or adults at risk?** |  |  |
| **Has your organisation been awarded the Quality in Action Award or are you working towards this?** |  |  |
| **Have you spoken to a Community Development Worker before completing this application form?** (if not and you wish to arrange a conversation, please request to speak to a member of the Rochdale Development Team by emailing [development@actiontogether.org.uk](mailto:development@actiontogether.org.uk).  We encourage all organisations to speak with a Community Development Worker before submitting an application.) |  |  |

**Section Two: Your project**

|  |  |
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| **Please tick which one of the following priorities your project addresses** | |
| **Embedding Holistic Support and Advice Alongside Crisis Support:** Advice, benefits, housing. |  |
| **Form Filling Assistance:** Offer support for filling out forms, especially for disability benefits, or train volunteers to assist with form completion. |  |
| **Digital Inclusion:** Provide digital literacy training, multilingual digital training, or providing access to free Wi-Fi or expanding infrastructure such as Mesh networks. |  |
| **Other Prevention Support:** Implement strategies to prevent individuals from falling into or further into crisis. |  |

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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** | | | | | |
|  | | | | | |
| **How have you developed your project idea? Please tell us how you know this offer is needed by people 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).** | | | | | |
|  | | | | | |
| **How do you know your project is needed – will it enhance an existing service or meet a known gap?** | | | | | |
|  | | | | | |
| **Describe the outputs (activities to be delivered) and desired outcomes (benefits/changes) of your project** | | | | | |
|  | | | | | |
| **How will you capture and demonstrate your impact and learning, during and at the end of your project?** | | | | | |
|  | | | | | |
| **If you are planning to deliver this project in partnership with another organisation- what roles will the different partners play? How will you work together to deliver the project successfully?** | | | | | |
|  | | | | | |
| **How many people will directly benefit from the project?** | | | |  | |
| **When will your project take place? Please include an approximate start and end date** (please be aware all projects must be complete by June 2025) | | | |  | |
| **Please confirm if your project will support any of the following households** (please provide a figure of how many people will be supported)**:** | | | | | |
| Households with Children |  | | Households with Pensioners | |  |
| Households with a Disabled person |  | | Other households | |  |
| **If you have selected ‘other households’, please can you explain what other households your project will support?** | | | | | |
|  | | | | | |

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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**

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) |
| A copy of your governing document |
| Insurance details (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.

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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: |  |