**Rochdale Communities Fund –**

**Wider Essentials Support Fund**

 **Application Form (up to £1,000)**

**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):** |  |  |

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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 from this project:** |[ ] [ ]
| **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) |[ ] [ ]
| **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 £150,000?** |[ ] [ ]

**Section Two: Your project**

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| **Please tick which one of the following priorities your project addresses** |
| **Digital Access and Inclusion:** Provide laptops, iPads, software, broadband support, and assistance with phone bills. |[ ]
| **Wellbeing:** Offer free mental health and emotional support services and other holistic support services |[ ]
| **Travel:** Cover public transport costs, vehicle repairs, bicycle purchases and fuel expenses |[ ]
| **Identification Support:** Fund and assist with obtaining passports, driving licenses, and other forms of identification to facilitate access to essential services. |[ ]
| **White Goods:** Provide large pieces of household equipment (such as refrigerators and washing machines) |[ ]
| **Other essentials:** Including clothing, toiletries, hygiene products, cleaning products etc  |[ ]

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| **What is the name of your project?** |  |
| **What is your idea / what will you do with the grant?** *We would like to know how your project will help local people and how it fits in with the priorities that you have ticked. Please also tell us how you have involved your community in designing the project and how you will deliver the project (for example, where, what methods would you use, who will be involved).*  |
|  |
| **Please explain who will benefit from the project?** |
|  |
| **How many people will directly benefit from the project?** |  |
| **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**

**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.

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| **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.

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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: |  |