

 ROCHDALE BOROUGH COUNCIL	TOWNSHIP FUNDS 2017/18
	APPLICATION FORM
REF RP/10/17	

Please read the **Terms & Conditions and Guidance for Applicants**. If you need advice or support to complete your application form, please contact Rochdale Township Office.

SECTION 1 - NAME OF PROJECT	
Name of project	AMPSO helping Hand Project (Healthy life style for Rochdale Asian Community)

SECTION 2 - APPLICANT DETAILS	
a) Name of organisation	Asian Medical and Professionals Support org. Association

b) Type of organisation						
<input checked="" type="checkbox"/> Voluntary/ community	<input type="checkbox"/> Registered charity	<input type="checkbox"/> Sports/ leisure club	<input type="checkbox"/> Limited company	<input type="checkbox"/> Private company	<input type="checkbox"/> Social enterprise	<input type="checkbox"/> Other type

c) Aims and objectives of your organisation and activities or services it provides	
It comprises volunteers in services and retired doctors to a) achieve equality and justice b) raise awareness of health-issues affecting the community c) share knowledge and experience to improve NHS services and quality of life of the community d) provide a platform to the community to raise issues, concerns that affect the community. e) develop projects, organise conferences, seminars and training sessions to enhance understanding of the health-issues relating to health and well	

d) Contact name	Dr. M. S. Humayun
e) Contact telephone	[REDACTED]
f) Contact address and postcode	c/o. Castlemore Community Centre, Tweedale Street, Rochdale OL11 1HH
g) Email address	[REDACTED]
h) Web address	

Form RT02

SECTION 3 - ORGANISATION FINANCES	
a) Have you applied for or received a Township grant before?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b) If you have answered yes to question a), please give details below	
c) Does more than 50% of your annual base budget/income come from Rochdale Council?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, detail below the amounts received and Council Services providing budget/income to your organisation (a copy of your application will be forwarded to your relevant Link Officer for their comments)	

SECTION 4 - ABOUT THE PROJECT AND JUSTIFICATION	
Details of the proposed project and what benefits will this project bring for participants, organisation, group or wider community?	
<p>various drugs and its impact on health. we would like to raise about the awareness about various drugs and its impact on health of the users and the community, relatives friends, family, children, keep them healthy, safe from illnesses caused by use/misuse of drugs, saving money for them which they use on drugs leading to better health, safety from illnesses and keeping the Borough + Muckleton and Deepden healthy and safe</p>	
Project start date	01-03-2018
Project completion date	01-11-2018

Form RT02

SECTION 5 - PROJECT FINANCES		
a) Cost of project		£ 2300
b) Amount of grant required		£ 2300
c) Amount from other sources		£ NIL
d) Details of other funding		
Funder	What they may fund	Dates of funding decisions
e) Breakdown of proposed expenditure relating to the amount of grant required (enclose quotations, cost estimates or extracts from catalogues. At least two quotations will be required for any items to be funded that will cost £1,000 or more to demonstrate value for money).		
Expenditure item	Cost	
1) Four four workshops on the following health topics:- 1) Alcohol + Drugs awareness 2) Mental Health issues awareness 3) Diabetes awareness + healthy life style. 4) Stroke awareness.	£500 x 4 = £2000	
2) Volunteers = Refreshments	4 x 25 = £100.	
3) Publicity	£200	
	TOTAL £2300.	

Form RT02

SECTION 6 - SUPPORTING DOCUMENTATION	
Please supply the following documents when you submit your application. IF YOU DO NOT SUPPLY THESE DOCUMENTS, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION. Please tick the boxes to confirm which documents you have attached to this application.	
a) Annual accounts and bank statement(s)	<input checked="" type="checkbox"/>
b) Constitution/governing document	<input checked="" type="checkbox"/>
c) If your project works with children and young people under 18 years old or vulnerable adults, please confirm your organisation has the following in place:	
Child protection policies and procedures	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
Disclosure and Barring Service (DBS) checked staff and volunteers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
d) Quotes/estimates/extracts from catalogues for proposed expenditure	<input checked="" type="checkbox"/>

SECTION 7 - DECLARATION			
We, the undersigned agree to:			
<ul style="list-style-type: none"> Abide by Rochdale Township Fund's Terms and Conditions. No expenditure being incurred on this project prior to the grant decision being given. Certify that the information contained in this application is correct and that we are authorised by the organisation to accept these conditions on their behalf. Use funds, if granted, only as specified in this application, unless receiving authorisation from Rochdale Township Office to make changes. Send the invoices/receipts for all payments made with this grant along with the completed Project Evaluation Form to the Rochdale Township Office. Agree to participate in monitoring, auditing and evaluation related to this fund. Highlight the support of Rochdale Township in all publicity material and agree to Rochdale Council's use of the organisation's name and photographs for promotional purposes. Inform Rochdale Township Office immediately if either signatory leaves the organisation or can no longer fulfil their responsibilities, or someone else takes over responsibility for the grant on behalf of the organisation. 			
Contact Person		Organisation Chair or Treasurer (Different from Contact Person)	
Signature	<i>Abdul Saeed</i>	Signature	<i>Dr Muhammad Hanuman</i>
Full name	Dr Abdul Saeed	Full name	Dr Muhammad Hanuman
Position	Secretary	Position	Chairman
Date	11-12-2017	Date	11-12-2017

Before you send your application to us, please check that you have:

- answered all the relevant questions and
- enclosed all the information requested:
 - Annual accounts Constitution/governing document
 - Bank statement(s) Quotations/cost estimates/extracts from catalogues
 - BACS form

We will return incomplete application forms.

Please send your completed application form to:
 Rochdale Township Office, Number One Riverside, Smith Street, Rochdale OL16 1XU
 Tel: 01706 924802
 Email: rochdale.township@rochdale.gov.uk



Hall Booking Prices

All bookings require a **£100 deposit** at the time of booking and full payment to be made at least **24 hours** prior to the event.

Tail Mehndi, Weddings & Other Parties (Over 50 People)

Minimum hours	4 Hours e.g. 6pm – 10pm
Main Hall	£350
Small Hall	£250
Split Small Hall	£150
Kitchen	£100
Both Halls	£450
includes:	Tables & Chairs PRE – 1 hour Set up POST – 1 hour clean up

Additional Hours

£75 per hour

Tail Mehndi, Weddings & Other Parties (Under 50 People)

Minimum hours	4 Hours e.g. 12noon – 4pm
Main Hall	£250
Small Hall	£125
Split Small Hall	£200
Kitchen	£75
Both Halls	£350
includes:	Tables & Chairs PRE – 1 hour Set up POST – 1 hour clean up

Additional Hours

£75 per hour

Options & Extras

Disposables (All included for **35p** per person)

Disposable Cutlery | Disposable Plates | Plastic Cups | Table Roll | Paper Napkins

Theme

Table Linen	£5 per table	
Chair covers	£5.00 per table of 10	Choice of Gold / White
Table Napkins	£2.50 per table of 10	White only

Theme (£10 per table of 10)

Crockery (Starter plate | Dining Plate | Dessert Plate)

Cutlery (Knife | Fork Table spoon | Dessert Spoon)

Glasses (10oz Tumbler)

Table Decoration

Long Vase & Flowers £1.00 - £2.50 per table



Dated: 20-12-2017

AMPSO
C/O Castlemere Community Centre
Tweedale Street,
Rochdale OL11 1HH

1,000 A5 leaflet, both sides,
130gsm gloss paper. £200
100 A3 posters, digital
including design & print

