Healthy Schools Partnership Fund 2025

**Application Form**

**Part A) Who is involved?**

Section One – Lead Partner

|  |  |
| --- | --- |
| **1a) Primary** Contact Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

|  |  |
| --- | --- |
| **Secondary** Contact Name: |  |
| Tel Number: |  |
| Mobile Number: |  |
| Email address: |  |
| Address line 1 |  |
| Address line 2 |  |
| Town / City |  | Postcode: |  |

|  |  |
| --- | --- |
| **2a)** Organisation name: |  |
| **3a)** Address line 1 |  |
| **2)** Address line 2 |  |
| **2)** Town or City |  | Postcode: |  |
| **4a)** What is your organisation’s annual turnover?  | £ |
| **5a)** How is your organisation constituted? *(e.g. Charity, CIC, Co-operative etc.)* *– for more details see the guidance notes*  |
|  |

|  |  |
| --- | --- |
| **6a)** Organisation number *(if applicable)****:*** |  |
| **7a)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **8a) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9a)** Are your staff/volunteers appropriately DBS checked? | Yes: |  | No: |  |
| *For more information on DBS requirements please visit* [*https://www.salfordcvs.co.uk/dbs-checks*](https://www.salfordcvs.co.uk/dbs-checks) |

Section Two – Partner Two (if applicable)

|  |  |  |
| --- | --- | --- |
| **2b) What type of organisation are you?***(Please tick)* | ✓ |  |
| * VCSE organisation
 |  | 🡺 **Please complete all questions in this section.** |
| * Salford primary school
 |  | 🡺 **Please complete question 3b only.** |
| **3b) Contact details** of project lead at the partner organisation |
| Organisation name: |  |
| Contact name: |  |
| Job title: |  |
| Phone number: |  |
| Mobile number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **4b)** What is the organisation’s annual turnover? |  |
| **5b)** How is the organisation constituted? *(See guidance notes for details)* |
|  |
| **6b)** Organisation number *(if applicable)****:*** |  |
| **7b)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **8b) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9b)** Are your staff/volunteers appropriately DBS checked? | Yes: |  | No: |  |
| *For more information on DBS requirements please see* [*https://www.salfordcvs.co.uk/dbs-checks*](https://www.salfordcvs.co.uk/dbs-checks) |

Section Three – Partner Three (if applicable)

|  |  |  |
| --- | --- | --- |
| **2c) What type of organisation are you?***(Please tick)* | ✓ |  |
| * VCSE organisation
 |  | 🡺 **Please complete all questions in this section** |
| * Salford primary school
 |  | 🡺 **Please complete question 3c only** |
| **3c) Contact details** of project lead at the partner organisation |
| Organisation name: |  |
| Contact name: |  |
| Job title: |  |
| Phone number: |  |
| Mobile number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **4c)** What is the organisation’s annual turnover? |  |
| **5c)** How is the organisation constituted? *(See guidance notes for details)* |
|  |
| **6c)** Organisation number *(if applicable)****:*** |  |
| **7c)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **8c) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9c)** Are your staff/volunteers appropriately DBS checked?*For more information on DBS requirements please see* [*https://www.salfordcvs.co.uk/dbs-checks*](https://www.salfordcvs.co.uk/dbs-checks) | Yes: |  | No: |  |

Partner Four Section (if applicable)

|  |  |  |
| --- | --- | --- |
| **2d) What type of organisation are you?***(Please tick)* | ✓ |  |
| * VCSE organisation
 |  | 🡺 **Please complete all questions in this section** |
| * Salford primary school
 |  | 🡺 **Please complete question 3d only** |
| **3d) Contact details** of project lead at the partner organisation |
| Organisation name: |  |
| Contact name: |  |
| Job title: |  |
| Phone number: |  |
| Mobile number: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **4d)** What is the organisation’s annual turnover? |  |
| **5d)** How is the organisation constituted? *(See guidance notes for details)* |
|  |
| **6d)** Organisation number *(if applicable)****:*** |  |
| **7d)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

**Your organisation’s policies, procedures and insurance**

|  |  |
| --- | --- |
| **8d) Please tell us which policies you have in place:** | *Please tick 🗸* |
| a) Health and Safety policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteer Policy *(if applicable to project activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to project activities)* |  |
| g) Safeguarding Children policy |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9d)** Are your staff/volunteers appropriately DBS checked? | Yes: |  | No: |  |
| For more information on DBS requirements please see <https://www.salfordcvs.co.uk/dbs-checks> |

*Please note: all information below will be shared with the assessment panel*

**Part B) About the project**

Project summary

|  |  |
| --- | --- |
| **11)** Project name: |  |

|  |
| --- |
| **12)** Please describe your project idea in 140 characters max (with spaces) |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| **13)** Approx start date? |  | Finish date? |  |

*Your activity can start from 1st Sept 2025 and must be complete by 31st May 2026*

|  |
| --- |
| **14) Which areas of Salford will your project target?** (*Please tick all that apply)* ✓ |
| Barton & Winton |  |  | Pendlebury & Clifton |  |
| Blackfriars & Trinity |  |  | Pendleton & Charlestown |  |
| Boothstown & Ellenbrook |  |  | Quays |  |
| Broughton |  |  | Swinton & Wardley |  |
| Cadishead & Lower Irlam |  |  | Swinton Park |  |
| Claremont |  |  | Walkden North |  |
| Eccles |  |  | Walkden South |  |
| Higher Irlam & Peel Green |  |  | Weaste & Seedley |  |
| Kersal & Broughton Park |  |  | Worsley & Westwood Park |  |
| Little Hulton |  |  |  |  |
| Ordsall |  |  |

*See guidance notes for map showing Salford’s ward boundaries*

|  |
| --- |
| **15)** Please provide a **full postcode** below that best identifies the location of your proposed project activity. If this isn’t possible, please give details below.*We’d like to highlight all our funded projects on a web-based map.* |
|  |

About the partnership

|  |
| --- |
| **16)** Please tell us **when and how the partnership formed** and, ifapplicable, any track recordyou have of working together previously *(150 words max)* |
|  |

|  |  |
| --- | --- |
| **17)** Please describe in practical terms **how the partners will work together** to deliver and monitor and evaluate the project*(200 words max)* | **5 points** |
|  |

Project details

|  |  |
| --- | --- |
| **18)** Please describe the **issues** **you want to address** through the project and provide any **evidence of need** *(300 words max)* | **10 points** |
|  |

|  |  |
| --- | --- |
| **19)** Approximately **how many** **sessions** will be delivered with this grant?  |  |

|  |  |
| --- | --- |
| **20)** Please provide the **practical details** of the project, including:***What*** *you plan to do;****who*** *will be delivering the project (e.g. staff/volunteers/parents);* ***how*** *it will be promoted etc. (500 words max)* | **10 points** |
|   |
|  |

Project outcomes

|  |  |
| --- | --- |
| **21)** Please use the table below to explain **how** the activities you plan to deliver will achieve at least one of the following priority outcome(s) of the fund, and the **tools or methods** that will be used to measure the project’s impact.  | **10 points** |
| *Please refer to the guidance notes for details of how to complete this section.(300 words max per outcome)* |
| **How will the activities you have planned achieve at least one of the following priority outcomes?**  | **What tools or methods will you use to measure this?** |
| **a)** Improved mental health and wellbeing of children |
|  |  |
| **b)** Improved physical health and wellbeing of children |
|  |  |
| **c)** Increased family engagement in school life |
|  |  |
| **d)** Increased community engagement in school life |
|  |  |
| **e)** More children accessing local community assets |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **School 1** | **School 2***if applicable* | **School 3***if applicable* |
| **22)** Please state the number of children in the school |  |  |  |
| **23)** Please state the number of children expected to be involved |  |  |  |
| **24)** Please state the number of families expected to be involved |  |  |  |

|  |
| --- |
| **25)** What is the age range of children directly involved? *Please tick* ✓ |
| 0-5 years |  |  | 6-11 years |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **26)** Has this project been discussed with school nurse(s)? If yes, please provide their names. If no, please tell us why.  | Yes: |  | No: |  |
|  |

|  |  |
| --- | --- |
| **27) Added social-value.** What other social, environmental or economic benefits will be delivered through your project?*(E.g. using local suppliers for goods and services, new volunteering opportunities, enhanced greenspace, staff / volunteer training, etc.).* (200 words max) | **5 Points** |
|  |

|  |
| --- |
| **28)** Will any of the **project** **benefits be continue** after the grant period? (If applicable) |
|  |

**Section D) About the money**

|  |  |
| --- | --- |
| **29) Please give full details of your project budget***Please note the maximum amount a partnership can apply for depends on the number of school partners involved in the project. Please ensure you have read the guidance notes for details of how to complete this question* | **10 Points** |
|  Description of item | Breakdown of calculations | Total cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund** *(£10k max)* | £ |

|  |
| --- |
| **If applicable, where is the rest of the money coming from?** |
| **Source of funding** | **Amount** | **Funding Secured?** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| **Please retain all financial records.****Salford CVS reserves the right to audit your project expenditure.** |

**Please enclose:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**Yes or No |
| * **Scan or photo of a recent bank statement or paying-in slip**
 |  |
| * **Safeguarding Children policy**
 |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)*
 |  |

**Declaration**

We have read and understood the [**Terms and Conditions**](https://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023.pdf)and confirm we will adhere to these conditions if our application is successful:

|  |  |
| --- | --- |
| **Partner 1 - Lead Organisation** *VCSE organisation CEO* | **Partner 2****School / VCSE Organisation**  |
| Name |  | Name |  |
| Job title |  | Job title |  |
| Date |  | Date |  |
| **Partner 3 *(if applicable)*****School / VCSE Organisation**  | **Partner 4 *(if applicable)*****School / VCSE Organisation**  |
| Name |  | Name |  |
| Job title |  | Job title |  |
| Date |  | Date |  |

Please return your completed application by email to **grants@salfordcvs.co.uk** inWord format. **Closing Date:** 12:00pm (midday), Friday 27th June 2025