****Local Growth and Place Flexible Grant

**Whose Art, Whose Culture?**

**Arts and Culture Fund**

Application Form

**Contact Information**

**a) Lead Contact – for this project**

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

**b) Secondary Contact**

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

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**About your organisation**

|  |  |
| --- | --- |
| **1)** Organisation name: |  |
| **2)** Address line 1 |  |
| **2)** Address line 2 |  |
| **2)** Town or City |  | Postcode: |  |
| **3)** What is your organisation’s annual turnover?  | £ |
| **4)** How is your organisation constituted? *(see guidance notes for details)* |
|  |
| **5)** Organisation number *(if applicable)****:*** |  |
| **6)** Website address: |  |
| **7)** Social media links (e.g. Facebook, Twitter, Instagram etc.) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Paying the ‘real’ Living Wage** | **Yes** | **No** | **N/A** |
| **8) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s rate of at least **£12.60/hour**? |  |  |  |
| **9) If you employ staff,** is your organisation accredited with the LW Foundation as a real Living Wage Employer? |  |  |  |
| **10) If you answered No, to Q9,** are you interested in Salford CVS helping you become accredited, including paying your first year’s LWF accreditation fees? |  |  |  |

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

|  |  |
| --- | --- |
| **11) Please tell us which policies you have in place:** | *Please tick P* |
| a) Health and Safety Policy |  |
| b) Equality/Diversity Statement or Policy |  |
| c) Volunteering Policy |  |
| d) Public Liability Insurance *(cost can be included in project budget)*  |  |
| e) Risk assessments  |  |
| f) Safeguarding Adults Policy *(if applicable to project activities)* |  |
| g) Safeguarding Children Policy *(if applicable to project activities)* |  |

**Summary Project information**

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| --- | --- |
| **12)** Project Name: |  |

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| **13)** Please describe your project proposal in 140 characters *(c.25 words)* |
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| --- | --- | --- | --- |
| **14)** Approx start date? |  | Finish date? |  |

**Projects can start from September 2025, and must be finished by end of January 2026**

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| --- |
| **15) Which areas of Salford will your project target?** (*Please tick all that apply)* ü |
| 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 |  |  | **OR CITY-WIDE** |  |

See guidance notes for map showing Salford’s ward boundaries

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| **16)** 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.* |
|  |

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| **17)** Will your project be **specifically aimed** at engaging any of the groups below? | Please tick P |
| * People and communities experiencing racial inequalities
 |  |
| * d/Deaf and Disabled people
 |  |
| * Those living with long-term limiting illness or conditions
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| * Mental health and wellbeing
 |  |
| * Working with younger people
 |  |
| * Working with older people
 |  |
| * Involving local residents that are experiencing poverty
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| --- | --- |
| **18) Tell us more about who in Salford** will benefit from this project? *E.g. a particular community of identity, age group, or people who live in a geographical area (100 words max).* | **5 points** |
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| --- | --- |
| **19)** Estimated number of **Salford residents** who will directly benefit from the project over the delivery period. |  |

|  |  |
| --- | --- |
| **20)** Estimated number of **sessions, events, or activities** over the delivery period. |  |

|  |  |
| --- | --- |
| **21)** How many **new volunteering opportunities** are you planning to create through this project? |  |

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| --- | --- |
| **22) Will your project involve making use of parks, open spaces, riversides, streets etc?** If yes, where? | Yes/No |
|  |

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| **23)** **Which other venue(s) do you plan to use for this project?** *This may be a community building, a park, a theatre, studio, etc.* |
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| **24)** **Describe what you plan to deliver and what you plan to spend the money on.**  | **10 points** |
| Projects/events must be realistic to fit the 6-month delivery timescale August 2025 – January 2026. No project extensions will be granted. Please describe:* What activities or events you will deliver (number and duration)
* Who will be responsible for planning and delivering the project
* Other reasonable costs this grant will pay for

(400 words max) |
|  |

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| --- | --- |
| **25)** **How will the activities address the question of Whose Art, Whose Culture?**How will you celebrate Salford’s art, culture and heritage and involve the diverse people and communities of Salford? (250 words max) | **10 points** |
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|  |  |
| --- | --- |
| **26)** How will you know the project has **made a** **difference** to the lives of local people? Contact grants@salfordcvs.co.uk for support if you are unsure on how to complete this table. | **10 points** |
| *Please identify what you can practically measure or assess to determine increased cultural, artistic or heritage participation.* |
| **Project outcome** | **How measured or assessed**  |
|  |  |
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| **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, training etc.) (100 words max)* | **5 Points** |
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| **28) IF APPLICABLE Learning from previous funding** If you previously received Whose Art, Whose Culture funding, what will you do differently this time or how will you build on from previous delivery?Note: this section is not to raise issues of level of funding or demand, but rather you, your staff, and delivery. (100 words) |
|  |

**About the money**

These thresholds help ensure grants are proportional to the size and capacity of the groups and organisations applying.

**Organisations who are already receiving Local Growth and Place Flexible Grant money through Salford City Council are not eligible to receive a Whose Art, Whose Culture? grant.**

|  |  |
| --- | --- |
| **Your organisation’s annual turnover (income)** | **Grant amount available** |
| Under £30,000 | Up to £2,500 |
| Between £30,000 to £100,000 | £2,500 to £10,000 |
| Between £100,000 and £1,000,000 | £10,000 to £15,000 |

**If you are unsure about your eligibility, turnover, or amount available, contact** **grants@salfordcvs.co.uk** **at the earliest convenience.**

|  |  |
| --- | --- |
| **29) Please give full details of your project budget***See the guidance notes for details of how to complete this question* | **10 Points** |
|  Description of item | Breakdown of calculations | Total cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
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|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:****Maximum £2,500, £10,000, £15,000 (see page 7)** | £ |

|  |
| --- |
| **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 attach**

|  |  |  |
| --- | --- | --- |
| **Safeguarding Children Policy***(if applicable to project activities)* | *Please tick to confirm policy is attached P* |  |
| **Safeguarding Adults Policy***(if applicable to project activities)* | *Please tick to confirm policy is attached P* |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Grants%202025-26/GMCA%20SCC%20WAWC%20-%20Micro%20Small%20Medium/Resources/SCVS_TandCs_Whose_Art_Whose_Culture.docx)of grant aid and agree to adhere to these conditions if our application is successful. I am authorised to submit this funding application on behalf of this organisation.

|  |  |
| --- | --- |
| Name (signature **not** req): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document in WORD format to: **grants@salfordcvs.co.uk** or by post to: Salford CVS, The Old Town Hall, 5 Irwell Place, Eccles, Salford, M30 0FN by **12:00 (midday) on Friday 27th June 2025**

Late applications will not be considered