Promoting Healthy Living in the Early Years

**Family Cooking Fund – 2025**

**Grants of up to £10,000 for cooking projects supporting families with young children to lead healthy lifestyles over 2 years.**

**Application Form - Part 1**

**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: |  |

*Please ensure that both contacts are aware of and/or involved in project planning and/or delivery.*

*Unincorporated associations (community groups): Both contacts must be members of your management committee.*

*Incorporated organisations: Both contacts should be staff or members of your board. At least one contact should be a board member or senior member of staff e.g. CEO.*

Successful applicants will be asked to invoice on award.

**About your organisation**

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| **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 and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
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| **Paying the Living Wage** | **Yes** | **No** | **N/A** |
| **7) If you employ staff,** do you pay all your staff at the Living Wage Foundation’s minimum rate of **£12.60/hour**? |  |  |  |
| **8) If you employ staff,** is your organisation accredited with the LW Foundation as a Living Wage Employer? |  |  |  |
| **9) If you answered No, to qu. 10,** are you interested in Salford CVS paying your first year’s LWF accreditation fees? |  |  |  |

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

|  |  |
| --- | --- |
| **10) 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 (*if applicable to project activities)* |  |

**Summary Project information**

**Projects must:**

* Work with families with **at least one child under 5**
* Deliver over 2026 and 2027 (2025 if wishing to deliver over Winter)
* Provide either
	+ child and family inclusive sessions
	+ a creche/children’s activities to allow adults to take part alone
* Gift a piece of equipment to families taking part to take part and use

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

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| **12)** Please describe your project idea in 50 words |
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| **13)** Approx start date? |  | Finish date? |  |

Projects can start earliest 1st November and finish latest 30th June 2027.

Projects must deliver over 2 years.

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| **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 |  |  | **OR CITY-WIDE** |  |

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| **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.* |
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**About your project**

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| **16)** How do you **plan to recruit families (with children) in need of cooking and nutrition training** to sign up for this training? *(150 words max).* | **5 Points** |
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| **17)** Please give an overview of your organisation’s **motivation to provide cooking and nutrition training** for local families in need. What need have you noticed your families experiencing?*(150 words max.)*  | **5 Points** |
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| **18)** What **venue(s)** do you plan to use to deliver the training?Please give the full name and address of the venue(s), if known at this stage. |
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| --- | --- |
| **19)** Who will be leading the actual cooking sessions and what is their experience of teaching others to cook? | **5 points** |
| Name of individual or organisation | Experience of teaching others to cook | Do they have Level 2 hygiene qualification?  |
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| **20) How many families will you work with?**  |
| How many people per session? | How many sessions will you hold? | How many courses (blocks of session) will you hold? |
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| **21) How do you plan to make the sessions enjoyable and encourage positive social interaction and engagement with others?** *(200 words max)* | **5 Points** |
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| **22)** **Please describe your model for delivering cooking training to those most in need.** *(500 words max)* | **10 points** |
| In your description, please explain: * What **cooking equipment** you’ll be using / promoting (e.g. slow cooker, blender etc.)
* What **days / times of the week** do you plan to offer training
* What **childcare arrangements** you’ll be offering
* What **free cooking equipment** you’ll be offering to trainees
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| **23) Project Budget****Funds will be released over 2 years – up to £5,000 in Year 1, and up to £5,000 in Year 2 on receipt of an update report.** | **10 Points** |
| All proposed spend should be well described, based on accurate costings/ estimates from suppliers, and take account of current inflation rates. |

**Year 1 budget:**

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| --- | --- | --- | --- |
| **Description of item** | **Breakdown of calculations** | **Total cost** | **Amount requested** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
|  |  | **£** | **£** |
| **Total cost of project**  | **£** |  |
| **Total amount requested from this fund:****Maximum £5,000** | **£** |

**Year 2 budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 £5,000** | **£** |
| **Total amount requested from this fund over 2 years:****Maximum £10,000** | **£** |

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| **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.** |

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| **24) Monitoring and Evaluation**As this funding can span over 2 years, organisations will be asked to complete a 1 year update report, and a final report at the end of year 2. This is a condition of funding. |
| Do you agree to complete full update and final reports on time to Salford CVS? (Tick for Yes) |  |

**Please attach**

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| --- | --- | --- |
| **Safeguarding Adults policy***(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy***(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |
| **Level 2 Food Hygiene Certificates***(or include costs for this in this bid)* | *Please tick to confirm policy is attached 🗸* |  |

**Declaration**

We have read and understood the [**Terms and Conditions**](https://www.salfordcvs.co.uk/sites/default/files/2024-09/SCVS_TandCs_Grants_and_Investments.docx) of grant aid & confirm to adhere to these conditions if our application is successful.

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

Please submit your application in Word format to:

 **grants@salfordcvs.co.uk** **by Friday 5th September at 12:00.**

Late applications will not be considered.

If you have questions or would like support with your application, please attend our Meet the Funder sessions and/or make an appointment with the Grants Team.

We expect this fund to be popular, and therefore would highly recommend contacting Niamh Meehan, Grants Development Worker at grants@salfordcvs.co.uk for support and advice on your application.