**Wellbeing Matters**

**Community Asset Fund 2025/26**

**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: |  |

*One contact must be a senior member of staff or member of your management committee.*

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**

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| **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 |  |
| d) Public Liability Insurance |  |
| e) Professional Indemnity Insurance (*if applicable to project activities)* |  |
| f) Risk assessments  |  |
| g) Safeguarding Adults policy (required) |  |

**About your Social Prescribing offer(s)**

**Projects can start earliest 1st November and finish latest 31st October 2025.**

**Projects are encouraged to mobilise and begin delivery in November/December 2025.**

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| **11)** **Which Funding Priorities does your activity or service address?** *(please tick)* | **Activity / Service 1** | **Activity / Service 2** | **Activity / Service 3** |
| 1. Face-to-face befriending
 |  |  |  |
| 1. Nutrition advice and support
 |  |  |  |
| 1. Physical activities and movement with a social focus
 |  |  |  |
| 1. Activities for refugee and asylum seekers
 |  |  |  |
| 1. Wider proposals (please describe below)
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| **If you ticked e)**, please give an overview and describe the health and wellbeing benefits of your proposed activity/service. |
|  |

**Projects that support priorities a) - d) will be prioritised at panel.**

**If you would like to discuss how or whether your ideas fit these priorities closely, contact the Wellbeing Matters team:**

Emma Eastwood, Wellbeing Matters Development Worker

By email: emma.eastwood@salfordcvs.co.uk or call 07421 127 637

Nosheela Rashid, Wellbeing Matters Development Worker

By email: nosheela.rashid@salfordcvs.co.uk or call 07421 127 639

**Specific Offer(s)**

|  |  |
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| **Please describe the activities/services you plan to offer.**  | **10 points** |
| You might find it helpful to see this as an advert which Community Connectors can share with potential beneficiaries.  |

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| **12.1) Activity / Service #1** |
| Is this a new or existing activity or service? **Please Tick below** *🗸* |
| **New** activity / service:  |  | **Existing** activity / service:  |  |
| Activity name |  |
| Description of activity*(300 words max)* |  |
| Venue*(full address including postcode)*  |  | Salford Ward: |  |
| Days of week / times & frequency  |  |
| What date will the project **start?** |  | and **finish?** |  |
| How many people will you be able to accommodate in each session? *Please note, you will need to* ***ensure*** *there are* ***spaces*** *for Community Connector* ***referrals****, see guidance for more information.*  |  |
| Approximate cost of running this activity. | £ |

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| **12.2) Activity / Service #2** – if applicable (not required to have multiple offers) |
| Is this a new or existing activity or service? **Please Tick below** *🗸* |
| **New** activity / service:  |  | **Existing** activity / service:  |  |
| Activity name |  |
| Description of activity*(300 words max)* |  |
| Venue*(full address including postcode)*  |  | Salford Ward: |  |
| Days of week / times & frequency  |  |
| What date will the project **start?** |  | and **finish?** |  |
| How many people will you be able to accommodate in each session?*Please note, you will need to* ***ensure*** *there are* ***spaces*** *for Community Connector* ***referrals****, see guidance for more information.*  |  |
| Approximate cost of running this activity. |  |

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| **12.3) Activity / Service #3** – if applicable (not required to have multiple offers) |
| Is this a new or existing activity or service? **Please Tick below** *🗸* |
| **New** activity / service:  |  | **Existing** activity / service:  |  |
| Activity name |  |
| Description of activity*(300 words max)* |  |
| Venue*(full address including postcode)*  |  | Salford Ward: |  |
| Days of week / times & frequency  |  |
| What date will the project **start?** |  | And **finish?** |  |
| How many people will you be able to accommodate in each session?*Please note, you will need to* ***ensure*** *there are* ***spaces*** *for Community Connector* ***referrals****, see guidance for more information.*  |  |
| Approximate cost of running this activity. |  |

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| **13)** Please outline your organisations **track-record, staff/ volunteers’ experience and (if applicable) qualifications** for delivering your proposal. | **10 Points** |
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| **14)** How might you offer support for individuals with particular **accessibility** or **language needs**? | **5 Points** |
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| **15)** **Have you discussed your proposal with Salford CVS’ Wellbeing Matters team?** | **Please Tick** *🗸* |
| * Yes *(strongly recommended)*
 |  |
| * No
 |  |
| **If Yes, who have you worked with and how have Salford CVS/Wellbeing Matters staff supported you with your application?** |
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| **16)** Please provide the details of the **Project Lead at your organisation who will receive referrals from Community Connectors.**  |
| Name: |  |
| Phone Number: |  |
| Email address: |  |

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| **17)** Who will **directly benefit** from your project? E.g. people who live in the same area, who belong to the same community, or who have similar interests.If you wish to expand an existing offer across the city, please explain why, where, and how. |
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| **18)** In addition to any referrals received from Community Connectors, how will you **recruit wider beneficiaries** for your proposed activities?  | **5 Points** |
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| **19)** In practical terms how will your organisation:* **Support referrals from Community Connectors?**
* **Promote your activities to Community Connectors.**
* **Welcome new beneficiaries to settle into activities and follow up with those who stop attending?**
 | **10 points** |
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| **It is a condition of funding to have a defined referral pathway.** **Tick to confirm that you will either:** | **Please Tick** *🗸* |
| Develop your own referral pathway written form (Google form, Microsoft form, webpage etc) |  |
| Or use a template from the Wellbeing Matters Team |  |

**If you have any questions, contact the Wellbeing Matters Team.**

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| **20)** What **health and wellbeing outcomes** are you hoping to achieve, and how will you **measure or assess progress**? | **10 points** |
| Outcome | How will you measure or assess this? |
|  |  |
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| **21) Added social-value** Will any other social, environmental or economic benefits be delivered through your project? *(e.g. using local suppliers for goods and services, new volunteering opportunities, training etc.) (200 words max)* | **5 Points** |
|  |

**About the money**

|  |  |
| --- | --- |
| **22)** Please give details of your **project budget** | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(£10,000 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:**

|  |  |  |
| --- | --- | --- |
| **Safeguarding Adults policy***(required for all applications)* | *Please tick to confirm policy is attached 🗸* |  |
| **Safeguarding Children policy***(if applicable to project activities)* | *Please tick to confirm policy is attached 🗸* |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023.docx)of grant aid & confirm to adhere to these conditions if our application is successful. I am authorised to submit this funding application by this organisation.

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

**Please send completed form in Word format to:** grants@salfordcvs.co.uk
by 12:00 on Friday 19th September 2025.

 **Late applications will not be considered.**

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| **OFFICE USE ONLY –** WMDW Feedback |
|  |
| Name: |  | Date: |  |