**Application Form - Part 1**

**Early Years Investment Fund**

**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: |  |

*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.*

**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 and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. 8,** 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 check (X)* |
| 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 |  |
| g) Safeguarding Children policy *(if applicable)* |  |

**Now complete Part 2 of the Application Form**

**Application Form - Part 2**

**Early Years Investment Fund**

Please ensure you have completed Part 1 of the application form before completing Part 2.

|  |  |
| --- | --- |
| **11)** **Organisation Name:** |  |

|  |  |
| --- | --- |
| **12) Who do you work with who can be supported through this grant?** Tick all that apply | *Please check (X)* |
| Under 5s |  |
| Pregnant women/people |  |
| Children with SEND (up to age 5) |  |
| Families (parents/carers) who care for at least 1 under 5 |  |

|  |
| --- |
| **13)** Which **areas of Salford** will your project target? *Please check (X) 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** |  |

|  |  |
| --- | --- |
| **14) What would you like to purchase for your organisation?** | Please check (X) |
| Equipment/materials to promote healthy lifestyles to families |  |
| Training on healthy lifestyles for under 5s to upskill staff |  |
| Accessibility enhancements/equipment/materials |  |
| Equipment/materials to promote healthy lifestyles to pregnant women/ people |  |
| **15) Which healthy lifestyles priority are you applying for? Make sure that your items fit at least one of these.** | Please check (X) |
| Physical activity |  |
| Oral health |  |
| Healthy eating/nutrition |  |
| Pre-natal/Pregnancy  |  |
| SEND support |  |
| Mental health and wellbeing support |  |
| Accessibility support |  |

**About your ideas**

|  |  |
| --- | --- |
| **16)** Why are you applying to the Early Years Investment Fund? What need have you identified amongst your families and/or pregnant women/people that you would like to invest in? (150 words) | **5 points** |
|  |

|  |  |
| --- | --- |
| **17)** How will this funding make a difference in promoting healthy lifestyles to your families? What difference will it make?For example will this allow you to purchase more equipment to enhance existing provision or improve your space? (150 words) | **5 points** |
|  |

**About the money**

|  |  |
| --- | --- |
| **18)** Give details of your budget.**Read the guidance for eligible costs and priorities of the fund. This funding is not to deliver projects.** | **10 Points** |
|  Description of item | Breakdown of calculations | Item cost | Amount requested |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **Total cost of project**  | £ |  |
| **Total amount requested from this fund:** *(£2,000 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:**

|  |  |
| --- | --- |
| **Supporting documents required by Salford CVS** | **Attached?**Yes or No |
| **Safeguarding Children policy**  |  |
| **Safeguarding Adults policy** *(if applicable to project activities)* |  |
| **Level 2 Food Hygiene** *(if you have it and applicable to your work)*  |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://www.salfordcvs.co.uk/sites/default/files/2024-09/SCVS_TandCs_Grants_and_Investments.pdf)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** req): |  |
| Role in organisation: |  |
| Date: |  |

Please submit this document in Word format to **grants@salfordcvs.co.uk** by **12:00pm (midday) on Friday 10th October 2025**