**Application Form**

**Family Hubs Investment Fund**

**2025- 2026**

**Contact Information**

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

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| --- | --- | --- | --- |
| 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)** Web address / Social media: Facebook, Twitter, Instagram, LinkedIn, TikTok… | | | | | |
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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 Q7,** 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 |  |
| d) Public Liability Insurance *(see guidance notes for details)* |  |
| e) Risk assessments |  |
| f) Safeguarding Children policy |  |
| g) Safeguarding Adults policy *(if applicable to project activities)* |  |

**About your Family Hub activity offer(s)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **11)** Have you discussed your proposal with a member of the CVS team*(Please tick 🗸)* **This is strongly advised – contact** [**grants@salfordcvs.co.uk**](mailto:grants@salfordcvs.co.uk) | | | | | |
| Yes |  |  | No |  |

|  |  |
| --- | --- |
| If Yes, who? |  |

|  |  |
| --- | --- |
| **12)** **Where would be your preference to deliver your project:** | Please provide **name of venue(s) and address(es)** (including postcode) below. If you would like to deliver in a Family Hub, please give your area. |
| * In one of Salford’s Family Hubs |  |
| * In another community venue |  |

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| **13)** Does your project lead have **an enhanced DBS?** *(Please tick 🗸)* | | | | | |
| Yes: |  |  | No: |  | *N.B. you can include this cost in your budget* | |

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| **14)** Please describe the **relevant qualifications and/or experience** of your staff / volunteer team e.g. Infant Feeding qualification |
|  |

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| **15)** **What is the focus of your project?** | **Please Tick** *🗸* |
| * Infant feeding **Must have relevant qualification** |  |
| * Parenting |  |
| * Parent perinatal mental heath |  |
| * Early Language and Home Learning Environment |  |
| * Other *(please give details below)* |  |
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| **16a)** **In plain language, please describe your target beneficiaries** |
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| **16b)** **Will you provision be accessible for CYP with SEND?**  Please describe the classification of SEND you can accommodate (see guidance) |
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| **17)** **Please describe the activities / services you plan to provide as part of the Family Hub offer** *(300 words max).*  This must align with your answer to Q15*.* | | | | **10 Points** |
|  | | | | |
| **18)** Approx start date? |  | Finish date? |  | |

**Projects can start from November 2025 and must be finished by 30th November 2026**

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| **19)** **Please describe the frequency of your services / activities**  *(e.g. twice a week during term time)* |
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| **20)** **How many beneficiaries will you be able to accommodate in each session?** | **Number per session** |
| * Parents/carers |  |
| * Children aged 0-5 |  |
| * Children and Young People aged 0-25 with SEND |  |

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| **21)** What will this grant enable you to provide in terms of **additional provision (and/or capacity)** to your current offer. |
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| **22)** **What outcomes are you hoping to achieve and how will you measure progress?** *These should align with your answer to question 17.* | |
| Outcome | How will you measure or assess this? |
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|  |  |
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**About the money**

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| --- | --- | --- | --- |
| **23) Please give full details of your project budget ROOM HIRE** *See 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:**  **Minimum £2,000.00 Maximum £5,000.00** | | | £ |

|  |  |  |
| --- | --- | --- |
| **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)** How will you seek to **financially maintain service provision beyond this grant funding post November 2026 ?** |
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| **25) 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)* |
|  |

**Please attach:**

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| --- | --- | --- |
| **Safeguarding Children policy**  *(required for all applications)* | *Please tick to confirm policy is attached 🗸* |  |

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

**Declaration**

I confirm that:

* all the information supplied in this application is correct.
* I have read and understood the [**Terms and Conditions**](https://www.salfordcvs.co.uk/system/files/SCVS_TandCs_Grants_and_Investments_08_2023.docx) of this investment and agree to adhere to these conditions.
* I have the due authority to submit this proposal on behalf of my organisation

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

**Please send completed form in Word format to:** [grants@salfordcvs.co.uk](mailto:grants@salfordcvs.co.uk)

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| --- | --- | --- | --- | --- |
| **Applicant Organisation:** | |  | | |
| **Officer View** - Family Hub Engagement Worker/GDW | | | | |
|  | | | | |
| **Name** |  | | **Date** |  |