**Expression of Interest Form**

**Women and Girls Empowerment Fund**

**Small Grants (up to 1,000)**

Please refer to the question-by-question support completing this application form.

If you would like support to completing this form, please contact honor.johnstone@salfordcvs.co.uk

**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: |  |

Unincorporated Associations (community/voluntary groups): both contacts should be members of your management committee

Organisations: at least one contact must be a board member or senior member of staff

**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? (s*ee guidance notes for details)* |
|  |
| **5)** Organisation numbers *(if applicable):* |  |
| **6)** Website and social media URLs: Facebook, Twitter, Instagram, LinkedIn… |
|  |

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

|  |  |
| --- | --- |
| **7) 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 these activities)* |  |
| d) Public Liability Insurance |  |
| e) Risk assessments |  |
| f) Safeguarding Adults policy *(if applicable to these activities)* |  |
| g) Safeguarding Children policy *(if applicable to these activities)* |  |

**Project details**

|  |  |
| --- | --- |
| **8) Project Name:** |  |

|  |
| --- |
| **9)** Please tell us which one priority (A-D) your project is **most** focused on addressing. *Please check (X)* |
| **A) Poverty and inequality** |  |
| **B) Women and girls’ safety** |  |
| **C) Voice and participation** |  |

|  |
| --- |
| **10)** Please briefly tell us about your **project idea**. What do you wish to do with a grant?(150 words max) |
|  |

|  |
| --- |
| **11)** Please briefly tell us how the proposed project will **benefit women and girls**.(150 words max) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12)** **Start date?** |  | **Finish date?** |  |

These can be approximate at this stage.

See guidance notes for when activities may start and finish

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

**About the money**

|  |  |
| --- | --- |
| **14)** 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:** *(£1,000 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 |
| * **Scan or photo of a recent bank statement or paying-in slip**
* *(if not submitted previously in the last 6 months)*
 |  |
| * **Safeguarding Children policy** *(if applicable to project activities)*
 |  |
| * **Safeguarding Adults policy** *(if applicable to project activities)*
 |  |

**Declaration**

I have read and understood the [**Terms & Conditions**](https://salfordcvsltd.sharepoint.com/sites/GrantsDocuments/Shared%20Documents/Admin%20and%20Processes/Terms%20and%20conditions/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 Monday 17th November**

The Women and Girls Empowerment Fund is supported by Salford City Council.

